



Year 20 10

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

Form approved OMB no. 1218-0166

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

Summary of Work-Related Injuries and Illnesses

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 entities 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 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

| | | | | | | | |
|------------------------|--------------|--|--------------|--|--------------|--|--------------|
| Total number of deaths | <u>0</u> (G) | Total number of cases with days away from work | <u>2</u> (H) | Total number of cases with job transfer or restriction | <u>0</u> (I) | Total number of other recordable cases | <u>7</u> (J) |
|------------------------|--------------|--|--------------|--|--------------|--|--------------|

Number of Days

| | | | |
|-------------------------------------|-----------------|---|---------------|
| Total number of days away from work | <u>95.5</u> (K) | Total number of days of job transfer or restriction | <u>22</u> (L) |
|-------------------------------------|-----------------|---|---------------|

Injury and Illness Types

| | | | |
|----------------------------|----------|-------------------------|----------|
| Total number of . . . (M) | <u>9</u> | (4) Poisonings | <u>0</u> |
| (1) Injuries | <u>0</u> | (5) Hearing loss | <u>0</u> |
| (2) Skin disorders | <u>0</u> | (6) All other illnesses | <u>0</u> |
| (3) Respiratory conditions | <u>0</u> | | |

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 instructions, 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 this estimate or any other aspect of this data collection, including suggestions for reducing the burden, send your comments to Washington, DC 20503. Do not send this completed form to this office.

Establishment information

Your establishment name Cornell College
 Street 600 1st St SW
 City MT. Vernon State IA ZIP 52306

Industry description (e.g., *Manufacture of motor truck trailers*)
Higher Education
 Standard Industrial Classification (SIC), if known (e.g., 3715)
8221
 OIR _____
 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 716
 Total hours worked by all employees last year 677366

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.

J. Hotsy HR Coord.
COMPANY EXECUTIVE TITLE
 Phone (319) 895-4244 Date 2.11.11