



Summary of Work-Related Injuries and Illnesses

All establishments covered by 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 1904.35, in 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)	16 (H)	25 (I)	19 (J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
468 (K)	498 (L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	59	(4) Poisonings	1
(2) Skin Disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Facility Information:

Establishment name: Western Kentucky University
 Street 1906 College Heights Blvd.
 City Bowling Green State KY ZIP 42101-1003

Industry description: Colleges, Universities, and Professional Schools

SIC: 8221

Employment Information

Annual average number of employees 4,786
 Total hours worked by all employees last year 5,212,545

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] Director, Human Resources
 Company executive Title

(270) 745-5360

Phone Bradon Riggins Workers Compensation Coordinator
 Record Representative Title

(270) 745-8841

1-17-2008

Phone _____ Date _____

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