

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 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.

ORACLE

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	1	1	3
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
18	25
(K)	(L)

Injury and Illness Types			
Total number of ?? (M)			
(1) Injuries	4	(4) Poisonings	0
(2) Skin Disorders	0	(5) Hearing Loss	0
(3) Respiratory Conditions	0	(6) All Other Illnesses	1

Establishment Information

Your establishment name Steward Observatory - All
 Street 933 N. Cherry Ave.
 City Tucson State AZ Postal 85721-0065
 Industry description (e.g., Manufacture of motor truck trailers)
 -
 -
 -
 -

Standard Industrial Classification (SIC), if known (e.g., 3715)
 -

OR
 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 0
 Total hours worked by all employees last year 0

Sign here
Knowingly falsifying this document may result in fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive: Steve Kellard Title: CFO
 Phone: 520-621-1790 Date: 1/29/18

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 50 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 these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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 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.

ORACLE

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	33	6	83
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
1245	276
(K)	(L)

Injury and Illness Types			
Total number of ?? (M)			
(1) Injuries	113	(4) Poisonings	0
(2) Skin Disorders	0	(5) Hearing Loss	1
(3) Respiratory Conditions	0	(6) All Other Illnesses	8

Establishment information

Your establishment name Main Campus and Tucson Area
 Street PO BOX 210300
 City TUCSON State AZ Postal 85721-0300
 Industry description (e.g., Manufacture of motor truck trailers)
 -
 -
 -
 -

Standard Industrial Classification (SIC), if known (e.g., 3715)
 -

OR
 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 18,393
 Total hours worked by all employees last year 27,605,050.30

Sign here
 Knowingly falsifying this document may result in fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive: [Signature] Title: CRO
 Phone: 520-621-1790 Date: 1/29/18

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 50 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 these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.