Tulane University Campus-Wide OSHA 300A Summary for 2014

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

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 2014
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0075

Establishment Information
Your establishment name: Tulane University
Street: CAMPUS-WIDE
City: New Orleans State: LA Zip: 70118
Industry description (e.g., Manufacture of motor truck trailers)

EDUCATION
Standard Industrial Classification (SIC), if known (e.g., 3713)
8221
OR
North American Industrial Classification (NAICS), if known (e.g., 336212)
611310

Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate)
Annual average number of employees
6,556
Total hours worked by all employees last year
9,367,404

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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.

Company executive: Doreen Nichols
Title: Assoc. VP
Phone: 504-247-1753
Date: 1/27/2015

*This combined campus-wide OSHA 300A Summary report was produced with the automatic 180 day cap for lost/restricted workdays.
This summary must be posted for all employees from (February 1st to April 30th, 2015).
Summary is generated by Tulane University’s Workforce Management Organization (WFMO) (504) 247-1716.
**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 view 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 1904.33, in OSHA recordkeeping rule for further details on the access provisions for these forms.

### Number of Cases

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total deaths</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>445</td>
<td></td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Skin disorders</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Respiratory conditions</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Establishment Information

- **Your establishment name**: Tulane University, Uptown Campus
- **Address**: 6823 St Charles Avenue, New Orleans, LA 70118
- **Industry description**: Manufacture of motor trucks and trailers
- **Standard Industrial Classification (SIC)**: 3715
  - 8221
- **North American Industrial Classification (NAICS)**: 336212
  - 611310
- **Employment Information**: Annual average number of employees - 3813
- **Total hours worked by all employees last year**: 5177763

### Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Signed: Assoc. VP  
Doreen Nichols  
504-247-1753  
1/23/2015

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Public reporting burden for this collection of information is estimated to average 60 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 currently valid OMB control numbers. If you have any comments about these estimates or another aspects of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistics, Room N-3544, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

This OSHA 300A Summary report was produced with the automatic 180 day cap.
### Establishment Information

**Your establishment name**: Tulane University, Health Sciences Center  
**Address**: 1430 Tulane Avenue  
**City**: New Orleans  
**State**: LA  
**Zip Code**: 70112

**Industry description**: Manufacture of motor truck trailers  
**Education**:  
**Standard Industrial Classification (SIC)**, if known (e.g., 3715): 8221  
**North American Industrial Classification (NAICS)**, if known (e.g., 336212): 611310

**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**: 2473  
**Total hours worked by all employees last year**: 3673000

**Sign here**  
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**Company executive**: Doreen Nichols  
**Title**: Assoc. VP  
**Phone**: 504-247-1753  
**Date**: 1/23/2015

### Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G) 0</td>
<td>(H) 6</td>
<td>(I) 1</td>
<td>(J) 61</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(K) 365</td>
<td>(L) 176</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of</th>
<th>(M) Injuries</th>
<th>(N) Poisonings</th>
<th>(O) Hearing Loss</th>
<th>(P) All other illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>67</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

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

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Summary of Work-Related Injuries and Illnesses

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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 entries write "0".

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Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
</tr>
</tbody>
</table>

Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>115</td>
</tr>
<tr>
<td>(K)</td>
<td>(L)</td>
</tr>
</tbody>
</table>

Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries</td>
<td>25</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory conditions</td>
<td>0</td>
</tr>
<tr>
<td>Poisonings</td>
<td>0</td>
</tr>
<tr>
<td>Hearing Loss</td>
<td>0</td>
</tr>
<tr>
<td>All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

Establishment Information

Your establishment name: Tulane University, National Primate Research Center

Address: 3 River Road, Covington, LA 70433

Industry description (e.g., Manufacture of motor truck trailers)

Education

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

5221

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

611310

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: 270

Total hours worked by all employees last year: 516641

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Assoc. VP

Company Executive

Doreen Nichols

504–247–1753

Phone

Date

1/23/2015

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