## MICHIGAN STATE UNIVERSITY

January 26, 2021

MEMORANDUM

- TO:Deans, Directors, Chairpersons, Heads of Administrative Units<br/>and Personnel Unit Representative
- FROM: Tony Lemke Leaves Of Absence Manager Human Resources Compensation and Benefits
- SUBJECT: Michigan Occupational Safety and Health Act (MIOSHA) Form 300A

Attached is a copy of the 2020 MIOSHA Form 300A summary to be posted in your area. The state regulations require the posting of the report in a conspicuous place where notices to employees are customarily displayed. This year the OSHA 300A log will also be posted online at <a href="https://hr.msu.edu/benefits/workers-comp/index.html">https://hr.msu.edu/benefits/workers-comp/index.html</a>. If there are no in-person activities at your building(s), the online posting will satisfy the posting requirement.



State law requires the University to post this document by February 1, 2021 and keep it posted through April 30, 2021.

The purpose of posting the annual summary in the workplace are the following:

- 1. To provide employees with their employer's record of injuries and illnesses,
- 2. make employers and employees more safety conscious,
- 3. promote joint safety and health efforts.

If you have any questions regarding this summary, you may contact me at (517) 884-0163.

Michigan State University 1407 S. Harrison, Suite 110 East Lansing, MI 48823

**Human Resources** 

517-353-4434 Fax: 517-432-4102 hr.msu.edu /asl

## OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

As of Date: 1/31/2021 Event Range: 1/1/2020 To 12/31/2020 180 Day Rule: True Event Based: True Occupational Safety and Health Administration Run Date: 1/20/2021



Form approved OMB no. 1218-0176

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 vertify 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.

Total number of deaths	Total number of cases with days	Total number of cases with job	Total number of other recordable
0	away from work 39	transfer or restriction 131	cases 86
(G)	(H)	(1)	(J)
Number of Day	/s		
Total number of da from work		otal number of days of job ansfer or restriction	
1734		3936	
(K)		(L)	
Injury and Illne	ess Types		
Total number of (M)	211	(4) Poisonings	5
njuries	211	(5) Hearing loss	8
Skin disorders	1	(6) All other	28

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

Establishment inform	nation
Your establishment name	Michigan State University MSU
Street 1407 S Harris	on Rd STE 110
City East Lansing	State MI ZIP 48823
Industry description (eg., Manu Education	ufacture of motor truck trailers)
Standard Industrial Classificatio	e (SIC), if known e a_ 3715
OR	_
Noth American Industrial Class	ification (NAICS), if known e.e. 336212 5 <u>1</u> 0
Employment information Worksheet on the back of this page Annual average number of employ	<sup>to estimate</sup> ) 21 642
Total hours worked by all employee	s last year 30,939,695
Sign here RJ	me Revand
Knowingly falsifying thi	s document may result in a fine.
Fcertify that I have examined to knowledge the entries are true	this document and that to the best of my e, accurate, and complete,
Renee Rivard	Director of Compensation and Benefits
Company executive	Title
517-353-4434	1/22/2021