

Please Post Until 4/30/10

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

Summary of Work-Related Injuries and Illnesses

Year 2009

U.S. Department of Labor
Occupational Safety and Health
Form approved OSHA

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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 1904.35, or 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	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)	
(1) Injury	0
(2) Skin Disorder	0
(3) Respiratory Condition	0
(4) Poisoning	0
(5) Hearing Loss	0
(6) All Other Illnesses	0

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 30 minutes per response, including time to review the instructions, search existing data sources, 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 aspects of this data collection, contact: LG Design Center of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Muskogee Public Schools

Street 202 W. Broadway (BUILDING & GROUNDS & TECHNOLOGY)

City Muskogee State _____ Ck _____ Zp 74401

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

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

OR North American Industrial Classification (NAICS), if known (e.g., 338212)

Employment information

Annual average number of employees 21

Total hours worked by all employees last year 43848

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.

Jamie K. Morris
Company executive

9186843700
Phone

J/c
Title

2-1-10
Date



OK Form 300 - Log of Work-Related Injuries & Illnesses

Oklahoma Department of Labor

405-528-1500; 888-269-5353; www.labor.ok.gov

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2009

Muskogee Public Schools

Agency Name

Establishment name

City

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two (2) single lines for a single case if you need to. You must complete an Injury & Illness Incident Report (OK Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Oklahoma Department of Labor for help at 1-888-269-5353, Ext. 251.

Identify the person		Describe the case				Classify the case				Enter number of days injured or ill worker was:		"X" injury column or choose one illness type:							
(A) Case no.	(B) Employee's name	(C) Job Title <i>(e.g., Welder)</i>	(D) Date of Injury or onset of illness	(E) Event Location <i>(e.g., Loading dock, north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	Using these four categories, "X" ONLY the most serious result for each case:													
						Death	Days away from work	Remained at work		Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)		
								On job transfer or restriction	Other recordable cases										
						(G)	(H)	(I)	(J)										
1	para		1 / 16	blind school	bite from student				x										
2	CNS		3 / 11	Harris Jobe	fell over box of apples		x	x		2									
3	Secretary		3 / 13	Creek	fell while shutting gate at school driveway		x			1+23rd									
4	Teacher		4 / 10	BFSA	student pulled on her, tripped her and pulled shoulder out		x			1+13th									
5	Teacher		4 / 8	Whittier	tripped on step going to playground				x										
6	Teacher		5 / 8	RAA	spider bite				x										x
7	custodian		6 / 15	RAA	hit his back nd tail bone on door scooting a box		x			3									
8	Director		7 / 13	Best	fell in computer room		x	x		??									
9	Teacher		8 / 5	7th & 8th ctr	fell on steps, slick from fresh wax			x											
10	wareh/del		8 / 6	cns warehouse	cut finger while unloading boxes from van				x										
11	bus driver		8 / 20	transportation	fell while leaving school bus				x										
12	principal		8 / 24	ECC	fell on wet floor				x										
13	bus monitor		9 / 21	transportation	trying to get a child to sit down and he fought her pulling arm			x											
14	cns		10 / 6	mhs	burn on juice			x											
Page totals >						0	5	5	6	5	7	13	0	0	0	0	0	1	

Transfer these totals to the Summary Page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. If you have any comments about these estimates or any other aspects of this data collection, contact: Oklahoma Department of Labor, 4001 North Lincoln Boulevard, Oklahoma City, OK 73105; 1-888-269-5353, Ext. 251.

(1) (2) (3) (4) (5) (6)



OK Form 300 - Log of Work-Related Injuries & Illnesses

Oklahoma Department of Labor

405-528-1500; 888-269-5353; www.labor.ok.gov

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2008

Muskogee Public Schools

Agency Name

Establishment name

City

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two (2) single lines for a single case if you need to. You must complete an Injury & Illness Incident Report (OK Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Oklahoma Department of Labor for help at 1-888-269-5353, Ext. 251.

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					(G)	(H)	On job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)						
1	[REDACTED]	paraprofess	1 / 7	BFSA	diaper storage fell from wall and she caught it with wrist		x			14	1	x					
2	[REDACTED]	CNS	1 / 22	Creek	fell on the ice		x			18		x					
3	[REDACTED]	teacher	1 / 22	BEST ctr	fell on the ice							x					
4	[REDACTED]	teacher	2 / 1	Irving park lot	fell on the ice				x			x					
5	[REDACTED]	elt teacher	2 / 6	Whittier	kicked by student				x			x					
6	[REDACTED]	n teacher asst	2 / 13	ECC	student's head hit her tooth and broke it				x			x					
7	[REDACTED]	teacher	2 / 25	BFSA	student ran into teacher's back with his head				x			x					
8	[REDACTED]	mechanic	4 / 16	bus barn	fell from a ladder and landed on his back				x			x					
9	[REDACTED]	ne teacher	5 / 9	7th & 8th ctr	twisted right ankle while walking				x			x					
10	[REDACTED]	custodian	7 / 29	ECC	fell on knees while stripping the floor		x			13		x					
11	[REDACTED]	teacher	8 / 13	MHS	slipped and fell broke knee		x			22	9	x					
12	[REDACTED]	Counselor	8 / 14	7th & 8th ctr	slipped and fell on water		x					x					
13	[REDACTED]	CNS	8 / 25	BFSA cafeter	hand caught in mixer				x		1-9-15	x					
14	[REDACTED]	teacher	8 / 27	RAA	slipped in hallway				x			x					
Page totals >						0	5	1	7	31	0	14	0	0	0	0	0

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