



# OK Form 300A - Summary of Work-Related Injuries & Illnesses

Oklahoma Department of Labor

405-521-6100; 888-269-5353; www.labor.ok.gov

**Mandatory**

**Year 2009**

## Section 1: Establishment Information

Oakdale Public School			94874282
Establishment			ID
10901 N Sooner, Edmond, Oklahoma	Sooner and Hefner		
Location	Physical Address		
same	Oklahoma City		
Mailing Address	Physical City		
Edmond	OK	73013	4057713373
Mailing City	Mailing State	Mailing Zip	Telephone

*Instructions: All establishments covered by Part 1904 must complete the questions below, 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 total 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 OK Form 300 in its entirety. They also have limited access to the OK Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions of these forms*

1. Annual average number of employees: 58      2. Total hours worked by all employees last year: 67387.88

3. Check any conditions that might have affected your answers to questions 1 and 2 above during 2009:

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> Other reason: _____
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual	<input checked="" type="checkbox"/> Nothing unusual happened to affect our employment or hours figures.
<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Longer work schedules or more pay periods than usual	

4. Did you have ANY occupational injuries or illnesses during 2009?

Yes. Go to Section 2: OK Form 300A -- Summary of Work-Related Injuries and Illnesses, 2009.       No. Go to Section 3: Contact Information and Certification.

## Section 2: OK Form 300A -- Summary of Work-Related Injuries and Illnesses, 2009

### 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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

For each case in Column G or H complete the OK Form 301 -- Injury & Illness Report -- Case Information

### Number of days

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

### Injury & Illness types

Total number of...	(M)		
(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory condition	_____	(6) All other illnesses	_____

The total Number of Cases recorded above in G + H + I + J must equal total Injury & Illnesses Types recorded above in M (1 + 2 + 3 + 4 + 5 + 6).

## Section 3: Contact Information and Certification

(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.

Kim Lanier	4052027253		4057715220
Name of Agency Executive / Representative	Telephone	Ext.	Fax Number
Superintendent	klanier@oakdale.org		1/28/2101
Title	E-Mail		Today's Date (MM/DD/YYYY)

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. If you have any comments about these estimates or any other aspects of this data collection, contact: Oklahoma Department of Labor, 3017 N Stiles, Suite 100, Oklahoma City, OK 73105; 1-888-269-5353.

**Post this Summary page from February 1st to April 30th, 2010**