

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year: 2016



U. S. Department of Labor  
Occupational Safety and Health Administration

**Establishment Information** Pittsburgh Campus

**Your Establishment Name** University of Pittsburgh - of the Commonwealth System of Higher Education

**Street** 3412 Forbes Ave Fourth Floor

**City** Pittsburgh **State** PA **Zip** 15261

**Industry Description**

Education / University

**Standard Industrial Classification (SIC)**

8221

**Employment Information**

**Annual Average Number of Employee** 12602

**Total Hours Worked by all Employees Last Year** 24094000

### 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	30	5	104

### Number of Days

Total number of days of job transfer or restriction: 13


Total number of days away from work: 2082

### Injury and Illness Types

Total number of...	(1) Injuries	(2) Skin Disorders	(3) Respiratory Conditions:	(4) Poisonings:	(5) Hearing Loss	(6) All other illnesses
	134	3	1	0	0	1

**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.

 11/2/17  
Date

Gregory Scott  
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