# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

### Establishment Information
- **Your Establishment Name:** University of Pittsburgh - of the Commonwealth System of Higher Education
- **Street:** 3412 Forbes Ave
- **City:** Pittsburgh
- **State:** PA
- **Zip:** 15260
- **Industry Description:** Education / University
- **Standard Industrial Classification (SIC):** 8221

### Employment Information
- **Annual Average Number of Employee:** 13538
- **Total Hours Worked by all Employees Last Year:** 26013000

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### Number of Cases

<table>
<thead>
<tr>
<th>Death</th>
<th>Cases Away</th>
<th>Cases Transfer</th>
<th>Other</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>17</td>
<td>9</td>
<td>41</td>
<td></td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Days of Job Transfer</th>
<th>Days Away</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>144</td>
<td>1267</td>
<td></td>
</tr>
</tbody>
</table>

### Injury and Illness Types

- **(1) Injuries:** 67
- **(2) Skin Disorders:** 0
- **(3) Respiratory Conditions:** 0
- **(4) Poisonings:** 0
- **(5) Hearing Loss:** 0
- **(6) All other illnesses:** 0

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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.

\[Signature\] 11/14/23

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David DeJong
Senior Vice Chancellor for Business and Operations
412-624-0029
# OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

## Establishment Information

- **Your Establishment Name:** University of Pittsburgh - of the Commonwealth System of Higher Education
- **Street:** 3412 Forbes Ave, Fourth Floor
- **City:** Pittsburgh
- **State:** PA
- **Zip:** 15260

## Industry Description

- **Standard Industrial Classification (SIC):** 8221

## Employment Information

- **Annual Average Number of Employee:** 205
- **Total Hours Worked by all Employees Last Year:** 386000

## 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>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

## Number of Days

<table>
<thead>
<tr>
<th>Total number of days of job transfer or restriction</th>
<th>Total number of days away from work</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of...</th>
<th>(1) Injuries: 2</th>
<th>(4) Poisonings: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Skin Disorders</td>
<td>0</td>
<td>(5) Hearing Loss 0</td>
</tr>
<tr>
<td>(3) Respiratory Conditions</td>
<td>0</td>
<td>(6) All other illnesses 0</td>
</tr>
</tbody>
</table>

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

**David DeJong**
Senior Vice Chancellor for Business and Operations
412-624-0029

Date: 1/19/22

Knowingly falsifying this document may result in a fine.
OSHA's Form 300A
Summary of Work-Related Injuries and Illnesses

**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>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Number of Days**

<table>
<thead>
<tr>
<th>Total number of days of job transfer or restriction:</th>
<th>Total number of days away from work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**Injury and Illness Types**

<table>
<thead>
<tr>
<th>Total number of...</th>
<th>(1) Injuries</th>
<th>(2) Skin Disorders</th>
<th>(3) Respiratory Conditions:</th>
<th>(4) Poisonings:</th>
<th>(5) Hearing Loss</th>
<th>(6) All other illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Establishment Information**

Greensburg Campus

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

Street: 3412 Forbes Ave
City: Pittsburgh
State: PA
Zip: 15260

Industry Description
Education / University

Standard Industrial Classification (SIC)
8221

**Employment Information**

Annual Average Number of Employee: 180
Total Hours Worked by all Employees Last Year: 343000

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David DeJong
Senior Vice Chancellor for Business and Operations
412-624-0029
OSHA's Form 300A
Summary of Work-Related Injuries and Illnesses

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>5</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Number of Days

<table>
<thead>
<tr>
<th>Total number of days of job transfer or restriction</th>
<th>Total number of days away from work</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>235</td>
</tr>
</tbody>
</table>

Injury and Illness Types

Total number of...

1. Injuries: 7
2. Skin Disorders: 0
3. Respiratory Conditions: 0
4. Poisonings: 0
5. Hearing Loss: 0
6. All other illnesses: 0

Establishment Information

Johnstown Campus
Your Establishment Name: University of Pittsburgh - of the Commonwealth System of Higher Education
Street: 3412 Forbes Ave
City: Pittsburgh
State: PA
Zip: 15260

Industry Description
Education / University

Standard Industrial Classification (SIC)
8221

Employment Information

Annual Average Number of Employee: 285
Total Hours Worked by all Employees Last Year: 548000

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David DeJong
Senior Vice Chancellor for Business and Operations
412-624-0029

Date: 1/19/21
### Number of Cases

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Deaths</td>
<td>0</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>2</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>0</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>1</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>0</td>
</tr>
<tr>
<td>Total number of days away from work</td>
<td>68</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>3</td>
</tr>
<tr>
<td>(2) Skin Disorders</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory Conditions</td>
<td>0</td>
</tr>
<tr>
<td>(4) Poisonings</td>
<td>0</td>
</tr>
<tr>
<td>(5) Hearing Loss</td>
<td>0</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

### Establishment Information

- **Titusville Campus**
- **Your Establishment Name:** University of Pittsburgh - of the Commonwealth System of Higher Education
- **Street:** 3412 Forbes Ave
- **City:** Pittsburgh
- **State:** PA
- **Zip:** 15260
- **Industry Description:** Education / University
- **Standard Industrial Classification (SIC):** 8221

### Employment Information

- **Annual Average Number of Employee:** 26
- **Total Hours Worked by all Employees Last Year:** 49000

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**Date:** 11/19/22

**David DeJong**

Senior Vice Chancellor for Business and Operations

412-624-0029