

Summary Of Work-Related Injuries and Illnesses

Year 2024

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



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 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 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.

Number of Cases

Total number of deaths	Total number cases with days away from work	Total number cases with job transfer or restriction	Total number of other recordables
0	52	14	28
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1188	702
(K)	(L)

Injury and Illness Types

Total Number of... (M)	(1) Injuries	(2) Skin Disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illness
	88	2	0	0	3	1

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 14 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-3914, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Monday, January 27, 2025

Establishment Information

Name: Rutgers University - Central Admin
 Street: Rutgers, The State University of New Jersey
 Department of Risk Management
 33 Knightsbridge Road
 City: Piscataway State NJ Zip 08854

Industry description (e.g., Manufacture of motor truck trailers)
 Colleges, Universities, and Professional Schools
 Standard Industrial Classification (SIC), if known (e.g., 3715)
8 2 2 1

OR

North American Industrial Classification (NAICS), if known (e.g., 33622)
6 1 1 3 1 0

Employment Information

Annual average number of employees: 4985
 Annual hours worked by all employees last year: 8,999,430

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.

Signed by: William S Troy Executive Director
 Title: 01/29/2025
 Phone: 848-932-3015
 Date: _____