Summary of Work-Related Injuries and Illnesses OSHA's Form 300A (Rev. 01/200

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

Form approved OMB no. 1218-0176

Year 2018

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 1304.35, in OSHA's Record

Injury and Illness Types	1,023 (K)	Total number of days away from	Number of Days	(G)	0	Total number of deaths	Number of Cases
	ı			(H)	away trom work 46	Total number of cases with days	
	10,738 (L)	Total number of days of job transfer or restriction		(I)	restriction 401	Total number of cases with job transfer or	Number of Cases
	1			(L)	cases 1421	Total number of other recordable	A Company of the Comp

(1) Injury(2) Skin Disorder(3) RespiratoryCondition Total number of...
(M)

1726 21

(4) Poisoning(5) Hearing Loss

106 (6) All Other Illnesses

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 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. The Sersons are not required to respond to the collection of information unless it displays a currently waited OMB control number. If you have any comments about these estimates or any seprects of this data collection, contact: US Department of Labor. OSHA Office of Statistics. Room N-3644, 200 Constitution Ave. NW. Washington, DC 20210. Do not send the completed forms to this

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete. The land Complete	ign here Knowingly falsifying this document may result in a fine.	Annual average number of employees 22,836 Total hours worked by all employees last year 42,930,644	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 0 6 2 DR North American Industrial Classification (NAICS), if known (e.g., 336212) 6 2 1 6 1 0 imployment information	City Nashville State TN Industry description (e.g., Manufacture of motor truck trailers) Healthcare	stablishment information Your establishment name Vanderbilt University Medical Center Street 1211 Medical Center Drive
he entries are true, accurate, and Summ Const 1 Sum The Title The Pate				Zip <u>37232</u>	