**Section 2: Summary of Work-Related Injuries & Illnesses**

**Agency name**
SOUTHEASTERN OKLA ST UNIV

**Establishment (Location Name)**
COLLEGES, UNIVERSITIES, AND PROFESSIONAL SCHOOLS

**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>7</td>
<td>4</td>
<td>14</td>
</tr>
</tbody>
</table>

**Number of Days**

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>278</td>
<td>483</td>
</tr>
</tbody>
</table>

**Injury and Illness Types**

Total number of: (M)

- (1) Injuries: 23
- (2) Skin Disorders: 1
- (3) Respiratory Conditions: 0
- (4) Poisoning: 0
- (5) Hearing Loss: 1
- (6) All Other Illnesses: 0

**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 my best knowledge the entries are true, accurate and complete.*

DEBBIE MANESS

Name of Agency Executive / Representative: 580-745-2158
Telephone: 580-745-2158
Ext.: 2158
Fax Number: --
Post this Summary page from February 1st to April 30th of the year covered by the related OK Form 300.