

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

Form Approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by part 1904 must complete this Summary page, even if no work related injuries or illneses occured during the year. Remember to view the Log to verify that the entries are complete and accuratebefore 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					
deaths cas		Total number of cases with days away from work	h days with job transfer or			Total number of other recordable cases	
	8		5			15	
	(G) (H)			(1)		(J)	
	Number of	Days		57			
Total number of days away from work Total number of days of job transfer or restriction							
	219			272			
	(K)			(L)			
	Injury and	Illness Types	,				
Tota	I number of						
	(M)						
(1)	Injuries		28	(4)	Poisonings		0
(2)	Skin disorders		0	(5)	Hearing Los	s	0
(3)	Respiratory cor	nditions	0	(6)	All other illne	sses	0

Your estat	blishment name	Ferris State University - Big Rapids Campus
Address	1201 S. State St.,	CSS101U
	Big Rapids, Mi 49	9307
Industry des	scription (e.g., Manu University	ufacture of motor truck trailers)
Standard Ind	dustrial Classification	on (SIC), if known (e.g., 3715)
OR		
North Ameri	can Industrial Class	ification (NAICS), if known (e.g., 336212)
	611310	
Employm worksheet o	nent information the back of this p	n (If you don't have these figures, see the age to estimate)
Annual aver	rage number of em	ployees1,950
Total hours v	worked by all emplo	yees last year2,682,481
Sign here)	
Knowingly	falsifying this o	locument may result in a fine
I certify that I entries are tro	have examined this ue, accurate, and c	s document and that to the best of my knowledge the omplete.
AM	thesen	VP Administration &
Company exe	cutive Matheson, A	manda Title
231-591-21	64	1/15/2025
Phone		Date

Establishment information

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 50 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.



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	Number of	Cases						
	otal number of eaths	Total number of cases with days away from work	5	Total numl with job tra restriction	ansfe	er or	Total numb other recor cases	
	0	0	_	1	l		2	
	(G)	(H)		(1)			(J)	
	Number of	Days						
	Total number of days away from work Total number of days of job transfer or restriction							
	0			7				
	(K)		-	(L)		_		
l	Injury and	Iliness Typ	es					
Tota	I number of							
	(M)							
(1)	Injuries	-	3	_	(4)	Poisonings		0
(2)	Skin disorders	_	0		(5)	Hearing Loss	5	0
(3)	Respiratory con	ditions	0	_	(6)	All other illne	sses	0

LStabils	illinetit illioriii	ation	
Your esta	blishment name	Ferris State U	niversity - Kendall College of
Address	17 Fountain St. 1		
	Grand Rapids, M	li 49503	
Industry de	scription (e.g., Mar University	nufacture of motor	truck trailers)
Standard In	dustrial Classificati 8221	on (SIC), if known	(e.g., 3715)
OR	:	··· (1.4.100)	
North Amer	611310	sification (NAICS)	, if known (e.g., 336212)
Employn worksheet	nent information the back of this	on (If you don't h	nave these figures, see the
Annual ave	rage number of er	nployees	140
Total hours	worked by all empl	oyees last year	178,619
Sign her	e		
Knowingly	/ falsifying this	document may	result in a fine
I certify that entries are tr	have examined thue, accurate, and	is document and to	hat to the best of my knowledge the
AM	theser		VP Administration &
Company exe	ecutive Matheson,	Amanda	Finance Title
231-591-21	64		1/15/2025
Phone			Date

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						Form Approved Olvids no. 1218-0176	
All establishments covered by part 1904 must complete this Summary page, even if no work related injuries or illneses occured during the year. Remember to view the Log to verify that the entries are complete and accurate					Establishment information		
Using the Log, coun you had no cases, wri	nt the individual entries you rite "0".	ou made for each category. Ther	write the totals below, making	g sure you've added the entries from every page of the Log. If			
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.					Your establishment name Ferris State University - FSU Grand Rapids		
					Address 1201 S. State St., CSS101U		
Number of Cases					Big Rapids, Mi 49307		
		SEAS ENTERNATIONS			Industry description (e.g., Manufacture of motor truck trailers)		
Total number of deaths	Total number of cases with days	Total number of cases with job transfer or	Total number of other recordable		Univeristy		
	away from work	restriction	cases		Standard Industrial Classification (SIC), if know	rn (e.g., 3715)	
0	0	0	0		8221		
(G)	(H)	(I)	(J)		OR		
(=)	(11)	(1)	(0)		North American Industrial Classification (NAICS	3), if known (e.g., 336212)	
Number of	Days		ACCUPANCE OF		611310		
Total number of days Total number of days of job					Employment information (If you don't worksheet on the back of this page to estimate)	have these figures, see the	
0		transfer or restriction ()			Annual average number of employees	14	
(K)		(L)			Total hours worked by all employees last year	20,153	
Injury and	l IIIness Types	5			Sign here		
Total number of					Knowingly falsifying this document ma	y result in a fine	
(M)					I certify that I have examined this document and		
(1) Injuries		(4) Poisoning	,s0		entries are true, accurate, and complete.	,	
(2) Skin disorders		0 (5) Hearing L	.oss <u>0</u>		Amathonen	VP Administration & Finance	
(3) Respiratory cor	nditions(0 (6) All other ill	linesses0		Company executive Matheson, Amanda	Title	
					231-591-2164	1/15/2025	
					Phone	Date	

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