



SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Year 2022

Michigan Department of Labor and Economic Growth
Michigan Occupational Safety and Health Administration (MIOSHA)

Form approved OMB no. 1218-0176

All establishments covered by Public Law of 1970 (P.O. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, 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. You may be fined for failure to comply.

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 MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R408.22135 Rule 1135, in MIOSHA's recordkeeping rule, for further details on the access provisions for these forms.

Establishment Information

Berrien Springs Public Schools - 11240

YOUR ESTABLISHMENT NAME

One Sylvester Avenue

STREET

Berrien Springs

MI

49103-1182

CITY

STATE

ZIP CODE

INDUSTRY DESCRIPTION (e.g., Manufacture of motor truck trailers)

STANDARD INDUSTRIAL CLASSIFICATION (SIC), IF KNOWN (E.G., SIC 3715)

Employment Information

0

ANNUAL AVERAGE NUMBER OF EMPLOYEES

0

TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR

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.

Anthony A. Miles

Director of HR

COMPANY EXECUTIVE

TITLE

(269) 411-2891

2/7/2023

PHONE NUMBER

DATE

Number of cases

Total number of deaths	Total number of cases with days away from works	Total number of cases with job transfer or restrictions	Total number of other recordable cases
<u>0</u>	<u>3</u>	<u>0</u>	<u>5</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>3</u>	<u>11</u>
(K)	(L)

Injury & Illness types

Total Number of...	(M)	(N)	(O)
(1) Injuries	<u>8</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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: Michigan Department of Labor & Economic Growth, MIOASHA, MTSD, 7150 Harris Dr., P.O. Box 30643, Lansing MI 48909-8143 • (517) 322-1848 • Do not send completed forms to this office.