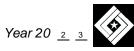
## OSHA's Form 300A (Rev. 01/2004)

NW, Washington, DC, 20210. Do not send the completed forms to this office.

## Summary of Work-Related Injuries and Illnesses

 $comments \ about \ these \ estimates \ or \ any \ other \ aspects \ of \ this \ data \ collection, \ contact: \ US \ Department \ of \ Labor, OSHA \ Office \ of \ Statistical \ Analysis, \ Room \ N-3644, 200 \ Constitution \ Avenue, \ and \ a$ 



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

1/16/2024

612-625-0518

Phone

Form approved OMB no. 1218-0176

nad no cases, write "0."	yees, and their representat	From every page of the Log. If you  d access to the OSHA Form 301 or  Street    Establishment Information   Your establishment   TWIN CITIES CAMPUS   1300 SOUTH 2ND STREET		
Number of Case	es			City MINNEAPOLIS State MN Zip 55455
Total number of deaths	Total number of cases with days away from work 61	Total number of cases with job transfer or restriction 38	Total number of other recordable cases 135	Industry description (e.g., Manufacture of motor truck trailers)  Educational and Research Institution
(G)	(H)	(I)	(J)	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
Number of Days	S			OR — — —
Total number of day away from work 1808 (K)		al number of days of transfer or restriction 3893 (L)		North American Industrial Classification (NAICS), if known (e.g., 336212)  6 1 1 3 1 0  — — — — —
Injury and Ilines	ss Types	(L)		Employment Information(If you don't have these figures, see the Worksheet on back of this page to continue)
-4-11				Annual average number of employees 25,979
otal number of (M)				Total hours worked by all employees last year 39,830,340
njuries	233	(4) Poisonings	0	
kin disorders	0	(5) Hearing Loss	0	Sign here  Knowingly falsifying this document may result in a fine.
espiratory condition	ns 1	(6) All other illnes	ses <u>0</u>	
	<del></del>			I certify that I have examined this document and that to the best of m knowledge the entries are true, accurate, and complete.