

OSHA's Form 300A
Annual Summary of Work-Related Injuries and Illnesses
Year: 2025
Establishment Name: UC Riverside Campus

UNIVERSITY
OF
CALIFORNIA

All establishments covered by CCR Title & Section 14300 must complete this Annual Summary, 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.

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 Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title & Section 14300.35, in Cal/OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Establishment Information:

Street: 900 University Avenue City: Riverside State: CA Zip: 92521
Industry Description: Colleges Universities and Professional Schools The North American Industrial Classification System, if known. 611310

Employment Information:

Annual average number of employees: 9,785 Total hours worked by all employees last year: 12,252,181

Number of Cases:

Total number of deaths (G)	Total number of cases with day away from work (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)	Total number of day away from work (K)	Total number of days of job transfer or restriction (L)
0	32	0	37	1,302	29

Injury and Illness Types:

Total number of . . . (M)

(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
63	0	0	0	0	6

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.



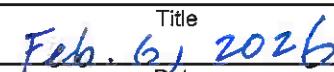
Signature

951-827-5528

Phone

Chancellor

Title



Date