Form Approved OMB no. 1218-0176

U.S. Department of Labor

Occupational Safety and Health Administration

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					
Total number of deaths	Total number of cases with days away from work	Total number with job transf restriction		al number of er recordable ses	
0	6	9		23	
(G)	(H)	(I)		(J)	
Number of	f Days				
Total number of days away from work		Total number of days of job transfer or restriction			
259	611				
(K)	(L)				
Injury and	l Illness Type	s			
Total number of					
(M) (1) Injuries	_	38 (4)	Poisonings	0	
(2) Skin disorders	· _	0 (5)	Hearing Loss	0	
(3) Respiratory co	onditions	0 (6)	All other illness	es <u>0</u>	

Establishment information				
Your esta	ablishment name	New Mexico Sta	te University - NMSU	
Address	P.O. Box 30001			
	Las Cruces, NM	88003		
Industry description (e.g., Manufacture of motor truck trailers) Educational Services				
Standard I	ndustrial Classificat	ion (SIC), if known (e	e.g., 3715)	
OR	8221			
North American Industrial Classification (NAICS), if known (e.g., 336212)				
Employment information (If you don't have these figures, see the worksheet on the back of this page to estimate) Annual average number of employees 6 132				
	J	. ,	6,132	
iotai nour	s worked by all emp	loyees last year	8,390,304	
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.				
			Vice Chancellor	
Company executive			Title	
(575)	646-9875		1/30/2023	
			Data	

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.