From: Director, Occupational Safety, Health and Environmental, Naval Postgraduate School  
To: President, Naval Postgraduate School  
Subj: OSHA 300 LOG SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES  
2021  
Ref: (a) OPNAVINST 5100.23 (series)  
(b) 29 CFR 1904  
(c) North American Industry Classification System, United States, 2020  
Encl: (1) OSHA 300 and 300a log  
(2) OSHA 301 log Recordable Mishaps, descriptions  

1. Per references (a) and (b), enclosure (1) is presented for your review and endorsement. Once endorsed, I respectfully request that it be returned so we may post it. It will be posted for 90 days in accordance with reference (a).  

2. For your convenience, I have calculated NPS’s mishap Incidence Rate (IR) for calendar year 2021 and it is presented below with comparisons to same type classification code industries, per reference (c). NPS has a very low Total IR at 0.32 which is an order of magnitude less than other universities in California and the US. COVID 19 cases are reportable to OSHA under illnesses. if transmission occurred at work. NPS had 0 at work COVID 19 transmissions.  

<table>
<thead>
<tr>
<th>Mishap Incident Rates*</th>
<th>NPS 16</th>
<th>NPS 17</th>
<th>NPS 18</th>
<th>NPS 19</th>
<th>NPS 20</th>
<th>NPS 21</th>
<th>All Universities, California**</th>
<th>All Universities, US**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0.4</td>
<td>0.21</td>
<td>0.57</td>
<td>0.32</td>
<td>1.4</td>
<td>0.32</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Days Away</td>
<td>0.3</td>
<td>0</td>
<td>0</td>
<td>0.34</td>
<td>0.11</td>
<td>0.4</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Job Transfer/Restriction</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.4</td>
<td>0.2</td>
</tr>
</tbody>
</table>

*The incidence rate of injuries and illnesses is computed from the following formula: (Number of injuries and illnesses X 200,000)/ Employee hours worked = Incidence rate (200,000 hours in the formula represents the equivalent of 100 employees working 40 hours per week, 50 weeks per year, and provides the standard base for the incidence rates)  
** sources: https://www.bls.gov/web/osh/summ1_00.htm#soii_n17_as_t1.f.1 https://www.dir.ca.gov/oprl/nonfatal.htm  

These are the NPS total number and calculated nonfatal injury and illness incidence rate(s) per 100 full-time employees for 2020.  

- Total recordable = 3 cases  
- Total Days away = 1 day lost  
- Total at work COVID 19 transmissions: 0  
- Incidence rate = 0.32 nonfatal injury and illness incidence rate(s) per 100 full-time employees for 2020  
- Days Away Rate = 0.11 per 100 full-time employees for 2020
Subj: OSHA 300 LOG SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES 2021

- **Job Transfer/Restriction Rate** = 0 Cases involving job transfer or restricted work activity only.

3. For any questions or concerns, I am your primary point of contact. I may be contacted at 831-656-7758 or electronically at ajcolon@nps.edu.
OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of...</th>
<th>(M)</th>
<th>(N)</th>
<th>(O)</th>
<th>(P)</th>
<th>(Q)</th>
<th>(R)</th>
<th>(S)</th>
<th>(T)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injury</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Skin Disorder</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Respiratory</td>
<td>0</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(4) Poisoning</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Hearing Loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) All Other Illnesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Public reporting burden for the collection of information is estimated to average 15 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 aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N3444, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

- **Your establishment name**: NAVAL POSTGRADUATE SCHOOL MONTEREY CALIFORNIA
- **Street**: 1 UNIVERSITY CIRCLE
- **City**: MONTEREY
- **State**: CA
- **Zip**: 93943
- **Industry description**: (e.g., Manufacturing of motor trucks and trailers)
- **Standard Industrial Classification (SIC)**: 3755
- **North American Industrial Classification (NAICS)**: 336212
- **Annual average number of employees**: 925
- **Total hours worked by all employees last year**: 1850559

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.

- **President**: [Signature]
- **Company executive**: [Signature]
- **Title**: [Title]
- **Phone**: 831-655-2511
- **Date**: [Date]