### Number of Cases

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>4</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>4</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>5</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td>50</td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>495</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>8</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>1</td>
</tr>
<tr>
<td>(4) Poisonings</td>
<td>0</td>
</tr>
<tr>
<td>(5) Hearing Loss</td>
<td>0</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td>4</td>
</tr>
</tbody>
</table>

### Establishment Information

- **Your establishment**: CSU MONTEREY BAY
- **Street**: 100 Campus Center
- **City**: Seaside
- **State**: CA
- **Zip**: 93955
- **Industry description**: COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS
- **Standard Industrial Classification (SIC)**, if known: SIC 3715
- **North American Industrial Classification (NAICS)**, if known: 336212
- **Annual average number of employees**: 1,464.88
- **Total hours worked by all employees last year**: 1,920,930

### Employment Information

- **Sign here**: Melanie Chavez

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

**Company Chavez, Assoc Dir EIR, Compliance & Leaves**

<table>
<thead>
<tr>
<th>Phone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>831 582-5404</td>
<td>1/27/2021</td>
</tr>
</tbody>
</table>