

**UNITED STATES MARINE CORPS**

MARINE CORPS LOGISTICS BASE  
PUBLIC SAFETY DIVISION  
RISK MANAGEMENT  
814 RADFORD BLVD SUITE 20308  
ALBANY GA 31704-0308

5040  
PSD7004  
25 Jan 21

From: Installation Safety Manager  
To: Distribution List

Subj: CALENDAR YEAR 2020 SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Ref: (a) 29 CFR 1904.32(b)(6)

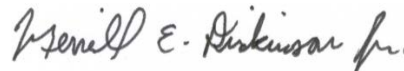
Encl: (1) OSHA Form 300A, CY20 Summary of Work-Related injuries and Illnesses

1. Enclosure (1) is the calendar year 2020 summary of work-related injuries and illnesses for the MCLB Albany installation command. Please comply with the requirement in reference (a) and post the annual summary on your official bulletin boards from 1 February through 30 April 2021.

2. The summary contains the number of OSHA-recordable injuries and illnesses experienced by MCLB Albany installation command Civilian Marines during calendar year 2020 and the associated rates. The intent of posting the summary is to inform employees of mishaps in their workplace while encouraging them to identify, report, and abate occupational hazards.

3. The command experienced five OSHA recordable injuries in 2020. Three of the five cases were for injuries sustained from a fall, two of which required lost workdays. The fourth case was a knee injury caused by overexertion. The fifth case was a laceration. There were no injuries reported to employees at telework locations. There were no reports of occupationally related illness or disease, including COVID-19.

4. Since CY10, the command has reduced OSHA total recordable injuries (TCIR cases) 80% and serious injuries (DART cases) 78%. These dramatic reductions are clearly the benefits of implementing VPP and our commitment to continuous improvement.



MERRILL E. DICKINSON JR.

Distribution List:  
Division Directors and Special Staff  
Unit Safety Officers  
MCIEAST Safety Director  
President, AFGE Local 2317

Year to Date Summary: 31 December 2020

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 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 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**

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>3</u> (H)	<u>1</u> (I)	<u>1</u> (J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restriction
<u>134</u> (K)	<u>32</u> (L)

**Injury and Illness Types**

Total number of... (M)		
(1) Injury	<u>5</u>	(4) Poisoning align="center"> <u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss align="center"> <u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses align="center"> <u>0</u>

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

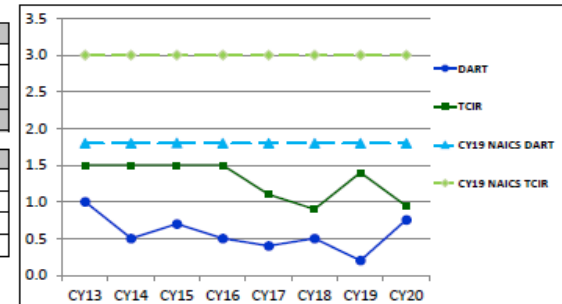
Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information 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 N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Month	No. Employees MCLBA FEAD	Hours Worked	OT
January	508 10	89,787	1,183
February	500 10	88,400	1,818
March	500 10	88,400	1,230
April	498 10	88,053	550
May	500 10	88,400	640
June	492 10	87,013	689
July	494 10	87,360	1,179
August	493 10	87,187	2,013
September	482 10	85,280	985
October	482 10	85,280	574
November	484 10	85,627	646
December	490 10	86,667	813
			12,320

Type Rate	CY15	CY16	CY17	CY18	CY19	CY20	3-Yr Avg
DART	0.7	0.5	0.4	0.5	0.2	0.8	0.5
TCIR	1.5	1.5	1.1	0.9	1.4	0.9	1.1
NAICS DART	1.2	1.8	2.1	1.5	1.8	TSP	
NAICS TCIR	2.3	3.2	3.5	not published	3.0	TSP	

Type Rate	CY14	CY13	CY12	CY11	CY10	CY09
DART	0.5	1.0	0.5	1.2	3.6	2.8
TCIR	1.5	1.5	2.4	2.8	4.5	2.8
NAICS DART	1.5	1.9	1.8	1.9	1.9	2.6
NAICS TCIR	3.1	3.8	3.6	3.7	3.6	4.7



**Post on bulletin boards  
1 Feb – 30 Apr 21**

Form approved OMB no. 1218-0176

**Establishment Information**

Your establishment name MARINE CORPS LOGISTICS BASE ALBANY (Garrison Command)

Street 814 Radford Blvd Ste 20308

City Albany State Georgia Zip 31704

Industry description (e.g., Manufacture of motor truck trailers)  
Department of Defense Installation Management and Services

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)  
5 6 1 2 1 0

**Employment Information**

Annual average number of employees 504

X Total hours worked by all employees 1,059,773

**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.

FITZGERALD, MICHA  
EL JOHN, 1099087818  
Digitally signed by FITZGERALD, MICHAEL JOHN, 1099087818  
Date: 2021.01.22 16:33:06 -0800

Commanding Officer  
Title

(229) 639-7453  
Phone

22 Jan 21  
Date