Year 2014

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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."

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
182 (K)	-	1063 (L)	-
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury ´	66	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

stablishment information			
Your establishment name GOODWILL IN	DUSTRIES OF LOV	VER SOUTH CAROLINA (TOTAL	_ AGENCY)
Street 2150 EAGLE DR, BLDG 100			
City NORTH CHARLESTON	State	SOUTH CAROLINA	Zip <u>29406</u>
Industry description (e.g., Manufacture of mo	otor truck trailers)		
Standard Industrial Classification (SIC), if kn	own (e.g., SIC 3715)	l	
NP North American Industrial Classification (NA	ICS) if known (o. a.	226242)	
North American Industrial Classification (NA	iCS), if known (e.g.,	330212)	
Employment information			
Annual average number of employees	1164		
Total hours worked by all employees last			
year	1,679,873		
ign here			
Knowingly falsifying this document may r	esult in a fine.		
I certify that I have examined this document complete.	and that to the best o	of my knowledge the entries are tr	ue, accurate, and
PEGGY B. SMITH			VP, HR
Company executive			Title
843-566-0072 EXT 218			1/30/2015
Phone			Date



Form approved OMB no. 1218-0176

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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
(G)	1 (H)	<u>3</u> (I)	0 (J)
(0)	(1.1)	(1)	(0)
Number of Days			
Total number of days away from work 2 (K)		Total number of days of job transfer or restriction 21 (L)	
Injury and Illness Ty	/pes		
Total number of (M)		-	_
(1) Injury	4	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) RespiratoryCondition	0	(6) All Other Illnesses	0

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

establishment information		
Your establishment name GOODWILL INDUSTRIES OF LOWER SO	UTH CAROLINA (ADMIN OFFI	CES)
Street 2150 EAGLE DR, BLDG 100		
City NORTH CHARLESTON State So	OUTH CAROLINA	Zip <u>29406</u>
Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION		
Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1		
OR North American Industrial Classification (NAICS), if known (e.g., 336212)		
imployment information		
Annual average number of employees97		
Total hours worked by all employees last year156,804		
ign 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 kr complete.	owledge the entries are true, acc	curate, and
PEGGY B. SMITH		VP, HR
Company executive		Title
843-566-0072 EXT 218		1/30/2015
Phone		Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	<u> </u>	(J)
Number of Days			
Total number of days away from work 0 (K)		Total number of days of job transfer or restriction O (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder	<u>0</u>	(4) Poisoning(5) Hearing Loss	<u>0</u> 0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Esta	blish	ment informatio	n			
	Your e	stablishment name	GOODWILL INDU	JSTRIES OF LSC	(TRANSPORTATION AND WAR	REHOUSE)
	Street	2150 Eagle Drive B	BLDG 200			
	City	NORTH CHARLES	STON	State	SOUTH CAROLINA	Zip29406
	Industr	ry description (e.g., M TRAINING AND RE		truck trailers)		
			3 1			
SR	North A	American Industrial C	Classification (NAICS	S), if known (e.g., 3	36212)	
Emp	loym	ent information	_ 			
	Annual a	average number of emplo	yees _	19		
	Total ho	urs worked by all employe	ees last year	34,423		
Sian	horo					
oigi	here					
	Knowi	ngly falsifying this	document may res	ult in a fine.		
	I certify comple		ed this document and	d that to the best o	f my knowledge the entries are tr	ue, accurate, and
	PEGG	Y B. SMITH				VP, HR
		Company e	executive			Title
	843-56	66-0072 EXT 218				1/30/2015
		Phor	ne			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)			
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	3	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establi	shment informatior	1			
You	ur establishment name	GOODWILL INDUS	STRIES OF LO	WER SOUTH CAROLINA (SUMM	MERVILLE RETAIL 231)
Stre	eet 222 TROLLEY RD				
City	/ SUMMERVILLE		State	SOUTH CAROLINA	Zip29483
Indi	ustry description (e.g., Ma TRAINING AND RE		truck trailers)		
	ndard Industrial Classific 8 3 3 th American Industrial C	<u> </u>			
	ment information			333212)	
Employ	ment information				
Ann	ual average number of employ	ees	28		
Tota	al hours worked by all employed	es last year	36,492		
Sign he	ere				
Kno	owingly falsifying this d	document may resu	It in a fine.		
	ertify that I have examined nplete.	d this document and	that to the best	of my knowledge the entries are t	true, accurate, and
PE	GGY B. SMITH				VP, HR
	Company ex	xecutive	<u></u>		Title
843	3-566-0072 EXT 218				1/30/2015
	Phon	е			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-	16 (L)	-
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	2	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) RespiratoryCondition	0	(6) All Other Illnesses	0

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

sta	ıblishme	nt informatio	n			
	Your estab	olishment name	GOODWILL IND	USTRIES OF LOW	ER SOUTH CAROLINA (RIVEF	RS RETAIL 232)
	Street 66	03 RIVERS AVE	<u> </u>			
	City NO	ORTH CHARLES	STON	State	SOUTH CAROLINA	Zip <u>29406</u>
		escription (e.g., M RAINING AND RE	Manufacture of moto EHABILITATION	or truck trailers)		
		8 3	3 1	wn (e.g., SIC 3715)		
DR	North Ame	erican Industrial C	Classification (NAIC	CS), if known (e.g., 3	36212)	
m	loyment	t information				
	Annual avera	age number of emplo	yees	31		
	Total hours v	worked by all employe	ees last year	41,587		
igi	n here					
	Knowingl	y falsifying this	document may re	sult in a fine.		
	I certify the complete.	at I have examine	ed this document ar	nd that to the best of	my knowledge the entries are t	rue, accurate, and
	PEGGY B					VP, HR
		Company e	executive			Title
		Phone 843-566-	0072 EVT 210			<u>1/30/2015</u> Date



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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
0	0	1	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	_	(L)	-
Injury and Illness 1	Гуреѕ		
Total number of			
(M) (1) Injury	1	(4) Poisoning	0
(1) Injury(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory		(0) 110011119 2000	
Condition	0	(6) All Other Illnesses	0

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

Esta	ablish	ment informatio	n			
	Your e	stablishment name	GOODWILL INDU	JSTRIES OF LOWE	ER SOUTH CAROLINA (JAMES IS	SLAND RETAIL 233)
	Street	936 FOLLY RD				
	City	CHARLESTON		State	SOUTH CAROLINA	Zip29412
	Industr	y description (e.g., M TRAINING AND RE		r truck trailers)		
	Standa	ard Industrial Classific		n (e.g., SIC 3715)		
)R	North A	American Industrial C	Classification (NAICS	S), if known (e.g., 33	36212)	
Emp	oloym	ent information				
	Annual a	average number of emplo	yees <u>-</u>	29		
	Total ho	urs worked by all employe	ees last year	40,673		
igr	n here					
	Knowi	ngly falsifying this	document may res	ult in a fine.		
	I certify comple		ed this document and	d that to the best of	my knowledge the entries are true	e, accurate, and
	PEGG	Y B. SMITH				VP, HR
		Company e	executive			Title
	843-56	6-0072 EXT 218				1/30/2015
		Phor	ne			Date



Occupational Safety and Health Administration

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 1 (K)		Total number of days of job transfer or restriction 2 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	2	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

stablish	hment information			
Your	establishment name G0	OODWILL INDUSTRIES OF LOW	'ER SOUTH CAROLINA (BEN SA	AWYER RETAIL 235)
Street	et 1220-A BEN SAWYER	BLVD		
City	MT PLEASANT	State	SOUTH CAROLINA	Zip29464_
Indus	stry description (e.g., Manu TRAINING AND REHAI	facture of motor truck trailers) BILITATION		
	8 3 3	on (SIC), if known (e.g., SIC 3715)		
)R North	American Industrial Class	sification (NAICS), if known (e.g., 3	336212)	
mployn	nent information	_		
Annual	ll average number of employees	24		
Total h	nours worked by all employees la	st year 33,020		
ign here	e			
		ument may result in a fine.		
I certi comp	=	is document and that to the best o	f my knowledge the entries are tru	ue, accurate, and
PEGO	GY B. SMITH Company exect	utive		VP, HR Title
843-5	566-0072 EXT 218			1/30/2015
	Phone			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
(K)	•	(L)	•
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury ´	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory		, 3	-
Condition	0	(6) All Other Illnesses	0

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

tablishmen	nt information	l				
Your establi	ishment name	GOODWILL INDU	USTRIES OF LOV	WER SOUTH CAROLINA (B	LUFFTON RE	TAIL 236)
Street 509	ISLAND PARK	WEST				
City BLU	JFFTON		State	SOUTH CAROLINA		Zip299
	scription (e.g., Ma AINING AND REI	anufacture of moto HABILITATION	r truck trailers)			
	dustrial Classifica	ation (SIC), if know	vn (e.g., SIC 3715	<i>i</i>)		
		assification (NAIC	S), if known (e.g.,	336212)		
nplovment i	 information					
Annual averag	ge number of employe	ees .	28			
			44070			
Total hours wo	orked by all employee	es last year	41676			
ın here						
Knowingly	falsifying this d	ocument may res	sult in a fine.			
		•				
I certify that complete.	: I have examined	I this document an	d that to the best	of my knowledge the entries	are true, accu	rate, and
PEGGY B.	SMITH					VP, HR
	Company ex	ecutive				Title
843-566-00	72 EXT 218					1/30/2015
	Dhone	^				Data



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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness T	ypes	()	
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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

Est	ablishment informa	ation			
	Your establishment na	me GOODWILL IND	OUSTRIES OF LO	WER SOUTH CAROLINA (HILTON	N HEAD RETAIL 237)
	Street 95 MATTHEW	S DRIVE PORT ROYA	L PLAZA		
	City HILTON HEAD)	State	SOUTH CAROLINA	Zip29926_
	Industry description (e. TRAINING ANI	g., Manufacture of mot D REHABILITATION	or truck trailers)		
OR	Standard Industrial Cla 8 3 North American Industri	<u>3</u> <u>1</u>	-		
Em	ployment informati	ion			
	Annual average number	er of employees	11		
	Total hours worked by year	all employees last	16525		
Sig	n here				
	Knowingly falsifying t	this document may re	esult in a fine.		
	I certify that I have examplete.	mined this document a	nd that to the best	of my knowledge the entries are tru	ie, accurate, and
	PEGGY B. SMITH				VP, HR
	Compa	any executive			Title
	843-566-0072 EXT 218				1/30/2015
		Phone			Date

Summary of Work-Related Injuries and Illnesses



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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 0 (K)	-	Total number of days of job transfer or restriction 38 (L)	
Injury and Illness T	ypes		
Total number of (M)	1	(4) Poisoning	0
(1) Injury(2) Skin Disorder	0	(4) Poisoning (5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Esta	ıblishı	ment information	n			
	Your es	stablishment name	GOODWILL INDU	JSTRIES OF LO	WER SOUTH CAROLINA (BEAUF	FORT RETAIL 238)
	Street	137 PARRIS ISLAN	ID GATEWAY			
	City	BEAUFORT		State	SOUTH CAROLINA	Zip29906
	Industr	y description (e.g., M TRAINING AND RE		r truck trailers)		
OR		rd Industrial Classific 8 3 3	3 1	-		
					,	
EIIIk	лоупп	ent information				
	Annual a	verage number of employ	vees _	24		
	Total hou	urs worked by all employe	es last year	33027		
Sigr	n here					
	Knowi	ngly falsifying this o	document may res	ult in a fine.		
	I certify comple		d this document an	d that to the best	of my knowledge the entries are tr	ue, accurate, and
	PEGG'	Y B. SMITH Company e	xecutive			VP, HR Title
	843-56	6-0072 EXT 218 Phon	10			1/30/2015 Date



Form approved OMB no. 1218-0176

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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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work 0 (K)		Total number of days of job transfer or restriction O (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

stablisl	nment information			
Your	establishment name GOODWI	LL INDUSTRIES OF LOW	ER SOUTH CAROLINA (MONCI	KS CORNER RETAIL 24
Stree	t 136 REMBERT C DENNIS BLV	/D		
City	MONCKS CORNER	State	SOUTH CAROLINA	Zip29461
Indus	etry description (e.g., Manufacture TRAINING AND REHABILITAT			
Stand	dard Industrial Classification (SIC)	, if known (e.g., SIC 3715)		
R North	American Industrial Classification	n (NAICS), if known (e.g., 3	336212)	
mnlovn	nent information			
. ,				
Annua	l average number of employees	17		
Total h	nours worked by all employees last year	25734		
ign her	Δ			
Knov	vingly falsifying this document i	may result in a fine.		
I certi comp	ify that I have examined this docur llete.	ment and that to the best o	f my knowledge the entries are tr	ue, accurate, and
PEG	GY B. SMITH			VP, HR
	Company executive			Title
843-5	566-0072 EXT 218			1/30/2015
	Phone			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
17 (K)		83 (L)	
Injury and Illness Ty	ypes		
Total number of (M)			
(1) Injury	5	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

establishment info	ormation				
Your establishme	ent name <u>GOODW</u>	ILL INDUSTRIES OF LO	WER SOUTH CAROLINA (DORG	CHESTER RETAIL	_ 241)
Street 8730 DOI	RCHESTER RD				
City NORTH (CHARLESTON	State	SOUTH CAROLINA	Zip	29420
	on (e.g., Manufacture G AND REHABILITA	of motor truck trailers) TION			
Standard Industri	al Classification (SIC), if known (e.g., SIC 3715	5)		
OR North American I	ndustrial Classificatio	n (NAICS), if known (e.g.,	, 336212)		
mployment infor	mation				
Annual average numl	per of employees	21			
Total hours worked by	y all employees last year	31399			
ign here					
Knowingly falsif	ying this document	may result in a fine.			
I certify that I have complete.	e examined this docu	ment and that to the best	of my knowledge the entries are	true, accurate, and	d
PEGGY B. SMITI	H			VP, H	IR
C	Company executive			Title	e
843-566-0072 EX	(T 218			1/30/20)15
	Phono			Date	

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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			
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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 144 (K)		Total number of days of job transfer or restriction O (L)	
Injury and Illness Ty	ypes		
Total number of (M)	1	(4) Poisoning	0
(1) Injury	<u> </u>	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

	-		
tablishment information			
Your establishment name	GOODWILL INDUSTRIES OF LC	OWER SOUTH CAROLINA (GOOS	SE CREEK RETAIL 242)
Street 207 ST JAMES AVE	_		
City GOOSE CREEK	State	SOUTH CAROLINA	Zip29445
Industry description (e.g., Mar TRAINING AND REH	nufacture of motor truck trailers) ABILITATION		
	tion (SIC), if known (e.g., SIC 371	5)	
8 3 3 North American Industrial Cla	1 ssification (NAICS), if known (e.g.	., 336212)	
		•	
nployment information			
Annual average number of employee	es 20		
7 miliaar avorago nambor or omployoc		-	
Total hours worked by all employees	last year 30910	_	
yn here			
Knowingly falsifying this do	ocument may result in a fine.		
I certify that I have examined to complete.	this document and that to the bes	t of my knowledge the entries are t	rue, accurate, and
PEGGY B. SMITH			VP, HR
Company exe	cutive		Title
843-566-0072 EXT 218			1/30/2015
Phone			Date





Form approved OMB no. 1218-0176

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

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)
Number of Days			
Total number of days away from work 0 (K)	-	Total number of days of job transfer or restriction O (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	1 0	(4) Poisoning(5) Hearing Loss	<u>0</u> 0
Condition	0	(6) All Other Illnesses	0

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

Establ	ishment information				
Yo	our establishment name <u>G</u>	OODWILL INDUS	STRIES OF LOV	VER SOUTH CAROLINA (SIX M	ILE RETAIL 243)
Stı	reet 1141 SIX MILE RD				
Cit	ty MT PLEASANT		State	SOUTH CAROLINA	Zip29466_
Inc	dustry description (e.g., Manu TRAINING AND REHA		ruck trailers)		
	andard Industrial Classification 8 3 3 orth American Industrial Clas	1			
	yment information			000212)	
Lilibio	yment imormation				
Anı	nual average number of employees	·	27		
Tot	al hours worked by all employees l	ast year	37462		
Sign h	ere				
Kr	nowingly falsifying this doc	cument may resul	t in a fine.		
	ertify that I have examined the mplete.	nis document and	that to the best o	of my knowledge the entries are t	rue, accurate, and
<u>PE</u>	EGGY B. SMITH Company exec	cutive			VP, HR Title
84	3-566-0072 EXT 218				1/30/2015
	Phone				Date



Form approved OMB no. 1218-0176

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

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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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		6 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establishment information				
Your establishment name	GOODWILL INDUSTR	RIES OF LOWER S	OUTH CAROLINA (SANGAREE	RETAIL 244)
Street 1817 NORTH MAIN S	ST			
City SUMMERVILLE	St	tate	SOUTH CAROLINA	Zip <u>29485</u>
Industry description (e.g., Ma TRAINING AND REF		ck trailers)		
Standard Industrial Classifica 8 3 3	1			
OR North American Industrial Cla	assification (NAICS), if	known (e.g., 33621 _	2)	
Employment information				
Annual average number of employe		19		
Total hours worked by all employees	s last year	27811		
Sign here		n o fino		
Knowingly falsifying this do	ocument may result in	n a fine.		
I certify that I have examined complete.	this document and tha	at to the best of my	knowledge the entries are true, acc	curate, and
PEGGY B. SMITH		_	_	VP, HR
Company exe	ecutive	_	_	Title
843-566-0072 EXT 218				1/30/2015
Phone	<u> </u>	_	_	Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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."

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Esta	tablishment information		
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLIN	IA (RIVERS OUTLET 245)	
	Street 6813 RIVERS AVE		
	City NORTH CHARLESTON State SOUTH CAROLI	NA Zip Z	29406
	Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION		
0.0	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1		
OR	R North American Industrial Classification (NAICS), if known (e.g., 336212)		
Em	ployment information		
	Annual average number of employees		
	Total hours worked by all employees last year 21397		
Sigı	gn 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 er complete.	itries are true, accurate, and	
	PEGGY B. SMITH	VP, HR	
	Company executive	Title	
	843-566-0072 EXT 218	1/30/2015	
	Phone	Date	

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 0 (K)	-	Total number of days of job transfer or restriction 11 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

tablish	nment information	า			
Your e	establishment name	GOODWILL INDU	ISTRIES OF LOW	VER SOUTH CAROLINA (BEES	S FERRY RETAIL 246)
Street	t 3516 SHELBY RAY	СТ			
City	CHARLESTON		State	SOUTH CAROLINA	Zip29414
Indust	try description (e.g., M TRAINING AND RE		truck trailers)		
	lard Industrial Classific 8 3 3 American Industrial C	3 1			
ploym	nent information				
Annual	average number of employ	vees _	26		
Total h	ours worked by all employe	es last year	35391		
n here	9				
Know	vingly falsifying this o	document may resi	ult in a fine.		
I certif	-	d this document and	d that to the best	of my knowledge the entries are	true, accurate, and
PEGO	GY B. SMITH				VP, HR
	Company e	xecutive			Title
843-5	66-0072 EXT 218				1/30/2015
	Phon	ie			Date



Form approved OMB no. 1218-0176

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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
0 (G)	0 (H)	(I)	. <u> </u>
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		31 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establish	ment informatio	n			
Your e	stablishment name	GOODWILL IND	USTRIES OF LOV	VER SOUTH CAROLINA (MB RE	ETAIL 251)
Street	127 LOYOLA DR				
City	MYRTLE BEACH		State	SOUTH CAROLINA	Zip <u>29588</u>
Industr	ry description (e.g., M TRAINING AND RE		or truck trailers)		
		3 1			
OR North A	American Industrial C	Classification (NAIC	CS), if known (e.g.,	336212)	
Employm	ent information				
Annual a	average number of emplo	yees	57		
Total ho	urs worked by all employe	ees last year	75277		
Sign here					
Knowi	ngly falsifying this	document may re	sult in a fine.		
I certify comple		ed this document a	nd that to the best o	of my knowledge the entries are t	rue, accurate, and
PEGG	Y B. SMITH				VP, HR
	Company e	executive			Title
843-56	66-0072 EXT 218				1/30/2015
	Phor	ne			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from work 0 (K)	-	Total number of days of job transfer or restriction O (L)	-
Injury and Illness 1	Гуреѕ		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	0 0
Condition	0	(6) All Other Illnesses	0

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

Establish	nment information			
Your	establishment name GOODWILL IND	USTRIES OF LOWI	ER SOUTH CAROLINA (CONWAY	RETAIL 252)
Stree	2913 CHURCH ST			
City	CONWAY	State	SOUTH CAROLINA	Zip <u>29527</u>
Indus	try description (e.g., Manufacture of moto TRAINING AND REHABILITATION	or truck trailers)		
	lard Industrial Classification (SIC), if know 8 3 3 1 American Industrial Classification (NAIC		36212)	
	nent information		00212)	
.iiipioyii	ient information			
Annual	average number of employees	20		
Total h	ours worked by all employees last year	25909		
ign her	9			
Know	ringly falsifying this document may res	sult in a fine.		
I certi comp	fy that I have examined this document ar lete.	nd that to the best of	my knowledge the entries are true,	accurate, and
PEGO	GY B. SMITH			VP, HR
	Company executive			Title
843-5	66-0072 EXT 218			1/30/2015
-	Phone			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
0	0	5	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0		229	
(K)	•	(L)	•
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury ´	5	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

stablish	nment information	1			
Your	establishment name	GOODWILL IND	OUSTRIES OF LOW	VER SOUTH CAROLINA (SUMT	ER RETAIL 253)
Street	t 1028 BROAD ST				
City	SUMTER		State	SOUTH CAROLINA	Zip29150
Indus	try description (e.g., M TRAINING AND RE		or truck trailers)		
	dard Industrial Classific 8 3 3 American Industrial C	<u> </u>			
nployn	nent information				
Annual	average number of employ	rees	26		
Total h	ours worked by all employe	es last year	31328		
gn here	e				
Know	vingly falsifying this o	document may re	sult in a fine.		
I certi comp	-	d this document a	ınd that to the best c	of my knowledge the entries are t	true, accurate, and
PEGO	GY B. SMITH				VP, HR
	Company e	xecutive			Title
843-5	666-0072 EXT 218				1/30/2015
	Phor	e			Date



Form approved OMB no. 1218-0176

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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
(G)	(H)	<u> </u>	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
(K)		(L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Esta	ablish	ment information	n			
	Your e	stablishment name	GOODWILL INDU	STRIES OF LOWE	R SOUTH CAROLINA (FLORENC	CE RETAIL 254)
	Street	1551 SECOND LOC	OP RD			
	City	FLORENCE		State	SOUTH CAROLINA	Zip <u>29505</u>
	Industr	ry description (e.g., M TRAINING AND RE		truck trailers)		
			3 1			
OR	North A	American Industrial C	lassification (NAICS)), if known (e.g., 33	6212)	
Em	oloym	ent information				
	Annual a	average number of employ	/ees	25		
	Total ho	urs worked by all employe	es last year	33760		
Sigi	n here					
	Knowi	ingly falsifying this c	document may resu	It in a fine.		
	I certify		d this document and	that to the best of r	ny knowledge the entries are true,	accurate, and
	PEGG	Y B. SMITH				VP, HR
		Company e	xecutive	_		Title
	843-56	66-0072 EXT 218				1/30/2015
		Phon	ne			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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."

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 0 (K)	-	Total number of days of job transfer or restriction O (L)	-
Injury and Illness T	ypes		
Total number of (M)	0	(4) Poisoning	0
(1) Injury(2) Skin Disorder	0	(4) Poisoning(5) Hearing Loss	0
(3) Respiratory		· ,	
Condition	0	(6) All Other Illnesses	0

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

Esta	ablishı	ment information	n					
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA (WALTERBORO RETAIL 255)							
	Street	112 ROBERTSON	BLVD					
	City	WALTERBORO		State	SOUTH CAROLINA	Zip <u>29488</u>		
	Industr	y description (e.g., M TRAINING AND RE		or truck trailers)				
OR		urd Industrial Classific 8 3 American Industrial C	<u> 1</u>		36212)			
		ent information			,			
	Annual a	overage number of employ	/ees	20				
	Total hou	urs worked by all employe	ees last year	24216				
Sig	n here							
	Knowi	ngly falsifying this o	document may res	sult in a fine.				
	I certify comple		d this document ar	nd that to the best o	f my knowledge the entries are tru	ue, accurate, and		
	PEGG'	Y B. SMITH Company e	xecutive			VP, HR Title		
	843-56	6-0072 EXT 218				1/30/2015		
		Phor	ne			Date		

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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."

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from work 0 (K)	-	Total number of days of job transfer or restriction O (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning(5) Hearing Loss	0 0
Condition	0	(6) All Other Illnesses	0

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

stablishment information			
Your establishment name GOOD	WILL INDUSTRIES OF LC	OWER SOUTH CAROLINA (LITTLE	RIVER RETAIL 256)
Street 2321 HWY 9 EAST			
City LONGS	State	SOUTH CAROLINA	Zip29568
Industry description (e.g., Manufactu TRAINING AND REHABILIT			
Standard Industrial Classification (S 8 3 3 1 R North American Industrial Classifica	<u>-</u>		
	<u> </u>	., 000212)	
mployment information			
Annual average number of employees	33	_	
Total hours worked by all employees last year	ar <u>42106</u>	-	
ign here			
Knowingly falsifying this docume	nt may result in a fine.		
I certify that I have examined this do complete.	cument and that to the bes	t of my knowledge the entries are to	rue, accurate, and
PEGGY B. SMITH			VP, HR
Company executive			Title
843-566-0072 EXT 218			1/30/2015
Phone			Date



Form approved OMB no. 1218-0176

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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."

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Number of Cases	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				
(G)	(H)	(1)	(J)				
Number of Days							
Total number of days away from work 0 (K)		Total number of days of job transfer or restriction O (L)					
Injury and Illness T	ypes						
Total number of (M) (1) Injury	0	(4) Poisoning	0				
(2) Skin Disorder	0	(5) Hearing Loss	0				
(3) Respiratory Condition	0	(6) All Other Illnesses	0				

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

Esta	ablish	ment information	n			
	Your e	stablishment name	GOODWILL INDUS	STRIES OF LOWER	SOUTH CAROLINA (CAROLINA	FOREST RETAIL (2
	Street	2164 OAKHEART F	RD			
	City	CAROLINA FORES	ST	State	SOUTH CAROLINA	Zip <u>29579</u>
	Industr	y description (e.g., M TRAINING AND RE	lanufacture of motor t EHABILITATION	ruck trailers)		
	Standa		cation (SIC), if known	(e.g., SIC 3715)		
OR	North A		3 <u>1</u> Classification (NAICS)	, if known (e.g., 3362	212)	
Emi	olovm	ent information				
-						
	Annual a	average number of employ	yees	23		
	Total ho	urs worked by all employe	ees last year	33003		
Sigı	n here					
	Knowi	ngly falsifying this o	document may resu	It in a fine.		
	I certify		d this document and	that to the best of my	\prime knowledge the entries are true, a	accurate, and
	PEGG	Y B. SMITH				VP, HR
Ī		Company e	executive			Title
	812 56	6-0072 EXT 218				1/30/2015
	0-10-00	Phon	 ne			Date



Form approved OMB no. 1218-0176

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."

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 0 (K)	_	Total number of days of job transfer or restriction 39 (L)	-
Injury and Illness 1	Гуреs		
Total number of (M)			
(1) Injury (2) Skin Disorder	2	(4) Poisoning(5) Hearing Loss	0 0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establishment information			
Your establishment name GOODWILL	INDUSTRIES OF LO	WER SOUTH CAROLINA (N. MB I	RETAIL 259)
Street 3336 HWY 17 SOUTH, UNIT AA			
City NORTH MYRTLE BEACH	State	SOUTH CAROLINA	Zip29582
Industry description (e.g., Manufacture of TRAINING AND REHABILITATIO			
Standard Industrial Classification (SIC), if			
OR North American Industrial Classification (N	NAICS), if known (e.g.	, 336212)	
mployment information			
Annual average number of employees	24		
Total hours worked by all employees last year	32295		
Sign here			
Knowingly falsifying this document ma	y result in a fine.		
I certify that I have examined this docume complete.	nt and that to the best	of my knowledge the entries are tr	ue, accurate, and
PEGGY B. SMITH			VP, HR
Company executive			Title
843-566-0072 EXT 218			1/30/2015
Phone			Date



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 4 (K)		Total number of days of job transfer or restriction O (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury	2	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Estal	olishment information			
١	Your establishment name GOODWILL INDUS	TRIES OF LOWE	R SOUTH CAROLINA (JOHNS ISL	AND RETAIL 260)
5	Street 1758 MAIN RD			_
(City JOHNS ISLAND	State	SOUTH CAROLINA	Zip <u>29455</u>
ļ	ndustry description (e.g., Manufacture of motor tr TRAINING AND REHABILITATION	uck trailers)		
	Standard Industrial Classification (SIC), if known (8 3 3 1 North American Industrial Classification (NAICS),		6212)	
		— (e.g., 550	02 12)	
:mpi	oyment information			
A	Annual average number of employees	18		
Т	otal hours worked by all employees last year	25002		
ign	here			
ŀ	Knowingly falsifying this document may result	in a fine.		
	certify that I have examined this document and the complete.	hat to the best of r	ny knowledge the entries are true, a	accurate, and
F	PEGGY B. SMITH			VP, HR
_	Company executive	_		Title
8	343-566-0072 EXT 218			1/30/2015
	Phone			Date



Form approved OMB no. 1218-0176

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Number of Cases			
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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-	3 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury ´	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) RespiratoryCondition	0	(6) All Other Illnesses	0

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 58 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

Est	ablishment information			
	Your establishment name GOODW	VILL INDUSTRIES OF LOWE	R SOUTH CAROLINA (CLEME	N TS FERRY RETAIL 26
	Street 2500 CLEMENTS FERRY RD), SUITE 1		
	City WANDO	State	SOUTH CAROLINA	Zip29492
	Industry description (e.g., Manufacture TRAINING AND REHABILITA			
OR	Standard Industrial Classification (SIC 8 3 3 1 1 North American Industrial Classification		6212)	
	ployment information		· ,	
LIII	pioyment imormation			
	Annual average number of employees	13		
	Total hours worked by all employees last year	18299		
Sig	n here			
	Knowingly falsifying this document	may result in a fine.		
	I certify that I have examined this doct complete.	ument and that to the best of	my knowledge the entries are tr	ue, accurate, and
	PEGGY B. SMITH			VP, HR
	Company executive			Title
	843-566-0072 EXT 218			1/30/2015
	Dhono			Data



Form approved OMB no. 1218-0176

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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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work 0 (K)		Total number of days of job transfer or restriction O (L)	
Injury and Illness Ty	/pes		
Total number of (M) (1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establish	nment information			
Your	establishment name GOODW	LL INDUSTRIES OF LOW	ER SOUTH CAROLINA (MURR	ELLS INLET RETAIL 262
Street	t 3655 OLD KINGS HWY			
City	MURRELLS INLET	State	SOUTH CAROLINA	Zip29576
Indust	try description (e.g., Manufacture TRAINING AND REHABILITAT			
	lard Industrial Classification (SIC) 8 3 3 1 American Industrial Classification		226242)	
JK NOILII	American industrial classification	i (NAICS), ii kilowii (e.g., s	330212)	
Employm	nent information			
Annual	average number of employees	26		
Total h	ours worked by all employees last year	37029		
Sign here	e			
Know	vingly falsifying this document	may result in a fine.		
I certit	fy that I have examined this docullete.	ment and that to the best o	f my knowledge the entries are tr	ue, accurate, and
PEGG	GY B. SMITH			VP, HR
	Company executive	·		Title
843-5	666-0072 EXT 218			1/30/2015
	Phone	<u>-</u>		Date



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 0 (K)		Total number of days of job transfer or restriction O (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury	0	(4) Poisoning	0
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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

Esta	ıblishmen	t informatio	n			
	Your establis	shment name	GOODWILL INDUS	TRIES OF LOWER	SOUTH CAROLINA (KNIGHTSVI	LLE RETAIL 263)
	Street 825	ORANGEBURG	G RD			
	City SUM	1MBERVILLE		State	SOUTH CAROLINA	Zip <u>29483</u>
			lanufacture of motor to HABILITATION	ruck trailers)		
0.0	8	3 3	cation (SIC), if known			
OR	North Ameri	can Industrial C	Classification (NAICS),	, if known (e.g., 3362	12)	
Emp	oloyment i	nformation				
	Annual average	e number of employ	/ees	19		
	Total hours wor	ked by all employe	es last year	24215		
Sigr	n here					
- 5		falsifying this o	document may resul	t in a fine.		
	I certify that complete.	I have examine	d this document and t	that to the best of my	knowledge the entries are true, a	ccurate, and
	PEGGY B. S	SMITH				VP, HR
		Company e	xecutive		-	Title
	843-566-007	'2 EXT 218				1/30/2015
		Phor	ne			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
0	0	0	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury ´	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establi	shment informatior	1			
You	ur establishment name	GOODWILL INDU	JSTRIES OF LOW	ER SOUTH CAROLINA (ORANG	EBUR RETAIIL 264)
Stre	eet 1734 ST MATTHEW	/S RD			
City	ORANGEBURG		State	SOUTH CAROLINA	Zip29115
Ind	ustry description (e.g., M TRAINING AND RE		r truck trailers)		
	ndard Industrial Classific 8 3 3 rth American Industrial C	<u> </u>		36212)	
Employ	/ment information				
Ann	ual average number of employ	rees .	16		
Tota	al hours worked by all employed	es last year _	25330		
Sign he	ere				
Kne	owingly falsifying this c	locument may res	sult in a fine.		
	ertify that I have examined in the complete.	d this document an	d that to the best o	f my knowledge the entries are true	e, accurate, and
PE	GGY B. SMITH				VP, HR
	Company ex	kecutive			Title
843	3-566-0072 EXT 218				1/30/2015
	Phon	e			Date



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness Ty	ypes	. ,	
Total number of (M)		(4) Daireasine	•
(1) Injury(2) Skin Disorder	0	(4) Poisoning(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Est	tablishment information	
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA (GE	EORGETOWN RETAIL 265)
	Street 1520 HWY MARKET ST _	
	City GEORGETOWN State SOUTH CAROLINA	Zip29440_
	Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION	_
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1	
OR	R North American Industrial Classification (NAICS), if known (e.g., 336212)	
Em	ployment information	
	Annual average number of employees	
	Total hours worked by all employees last year 1415 OPENED 12/4/201	14
Sig	n 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 a complete.	are true, accurate, and
	PEGGY B. SMITH	VP, HR
	Company executive	Title
	843-566-0072 EXT 218	1/30/2015
	Phone	Date



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
(K) Injury and Illness T	ypes	(L)	
Total number of (M) (1) Injury	1	(4) Poisoning	0
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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

Esta	blishı	ment information	n				
,	Your e	stablishment name	GOODWILL IND	USTRIES OF LOWE	R SOUTH CAROLINA (HART	SVILLE RETAIL	266)
,	Street	903 SOUTH 4TH S	Т				
	City	HARTSVILLE		State	SOUTH CAROLINA	Zip _	29550
	Industr	y description (e.g., M TRAINING AND RE		or truck trailers)			
		ard Industrial Classific	3 1				
ЭR	North A	American Industrial C	Classification (NAIC	CS), if known (e.g., 33	6212)		
Emp	loym	ent information					
	Annual a	average number of employ	yees	10			
	Total hou	urs worked by all employe	es last year	14393			
3ign	here						
	Knowi	ngly falsifying this	document may re	sult in a fine.			
			-				
	I certify comple		d this document ar	nd that to the best of r	my knowledge the entries are	true, accurate, ai	nd
-	PEGG`	Y B. SMITH Company e	xecutive			VP,	
		Joinpany C				.,,	
_	843-56	66-0072 EXT 218				1/30/	
		Phor	ne			Da	ate

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness T	ypes	, ,	
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establ	ishment information	
Yo	our establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA (COMP	PUTER WORKS)
St	reet 6813 RIVERS AVE	
Cit	ty NORTH CHARLESTON State SOUTH CAROLINA	Zip <u>29406</u>
Inc	dustry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION	
	andard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1 orth American Industrial Classification (NAICS), if known (e.g., 336212)	
mplo	yment information	
Anı	nual average number of employees	
Tot	tal hours worked by all employees last year 21619	
ign h	ere	
	nowingly falsifying this document may result in a fine.	
	ertify that I have examined this document and that to the best of my knowledge the entries are timplete.	rue, accurate, and
PE	EGGY B. SMITH Company executive	VP, HR Title
<u>84</u>	3-566-0072 EXT 218 Phone	1/30/2015 Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 0 (K)	_	Total number of days of job transfer or restriction O (L)	-
Injury and Illness 1	Гуреѕ		
Total number of (M) (1) Injury (2) Skin Disorder	0 0	(4) Poisoning (5) Hearing Loss	<u>0</u> 0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Estab	olishment informatio	n			
Υ	Your establishment name	GOODWILL INDU	ISTRIES OF LOWE	R SOUTH CAROLINA (GSA 301)	
S	Street 81 BROAD ST				
C	City CHARLRESTON		State	SOUTH CAROLINA	Zip29401_
lı	ndustry description (e.g., l TRAINING AND R		truck trailers)		
	Standard Industrial Classif	3 1		6212)	
Empl	loyment information				
Α	Annual average number of emplo	oyees _	5		
Т	Fotal hours worked by all employ	ees last year _	8870		
Sign	here				
۲	Knowingly falsifying this	document may res	ult in a fine.		
	certify that I have examine complete.	ed this document and	d that to the best of r	my knowledge the entries are true,	accurate, and
F	PEGGY B. SMITH				VP, HR
_	Company	executive			Title
8	343-566-0072 EXT 218				1/30/2015
_	Pho	ne			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	Гуреѕ		
Total number of (M)	0	(4) Poisoning	0
(1) Injury(2) Skin Disorder	0	(4) Poisoning (5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establis	hment informatio	n				
Your	establishment name	GOODWILL INDU	STRIES OF LOV	VER SOUTH CAROLINA (ORANGEBURG (GRDS 302)
Stree	et 287 JOHN C CALH	OUN DR				
City	ORANGEBURG		State	SOUTH CAROLINA	Zip	29115
Indus	stry description (e.g., M TRAINING AND RE		truck trailers)			
	dard Industrial Classific	3 1				
OR North	n American Industrial C	lassification (NAICS), if known (e.g.,	336212)		
≣mployr	ment information					
Annua	al average number of employ	/ees	2			
Total I	hours worked by all employe	es last year	918			
Sign her	re					
Knov	wingly falsifying this o	document may resu	ılt in a fine.			
	ify that I have examine plete.	d this document and	that to the best	of my knowledge the entrie	es are true, accura	te, and
PEG	GY B. SMITH Company e	xecutive				VP, HR Title
843-	566-0072 EXT 218					1/30/2015
	Phor	ne				Date



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establisl	hment information			
Your	establishment name GOODV	VILL INDUSTRIES OF LOW	ER SOUTH CAROLINA (NPTU	304)
Stree	et BARGE 516, NAVAL WEAPO	ON STATION		
City	GOOSE CREEK	State	SOUTH CAROLINA	Zip29445_
Indus	stry description (e.g., Manufactur TRAINING AND REHABILITA			
	dard Industrial Classification (SIC		00040)	
JR North	n American Industrial Classificati	on (NAICS), if known (e.g., 3	36212)	
Employn	ment information			
Annua	al average number of employees	9		
Total h	nours worked by all employees last year	14424		
Sign her	re			
Knov	wingly falsifying this documen	t may result in a fine.		
I certi comp	ify that I have examined this doc plete.	ument and that to the best of	f my knowledge the entries are t	rue, accurate, and
PEG	GY B. SMITH Company executive			VP, HR Title
	Company exceditive			. 100
843-5	566-0072 EXT 218			1/30/2015
	Phone			Date



Form approved OMB no. 1218-0176

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			
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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
2 (K)		32 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury ´	5	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establish	ment information			
Your	establishment name GOODW	ILL INDUSTRIES OF LO	WER SOUTH CAROLINA (SPAW	AR 306)
Street	NAVAL WEAPON STATION			
City	GOOSE CREEK	State	SOUTH CAROLINA	Zip29445
Indust	try description (e.g., Manufacture TRAINING AND REHABILITA	•		
	ard Industrial Classification (SIC) 8 3 3 1 American Industrial Classification			
	nent information		,	
-mpioyii				
Annual	average number of employees	44	•	
Total h	ours worked by all employees last year	64379		
Sign here	•			
Know	ringly falsifying this document	may result in a fine.		
I certit		ment and that to the best	of my knowledge the entries are tr	ue, accurate, and
PEGO	GY B. SMITH Company executive			VP, HR Title
843-5	66-0072 EXT 218			1/30/2015
	Phone	_		Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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."

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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
(G)	(H)	(I)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		73 (L)	
Injury and Illness Ty	pes		
Total number of (M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Est	ablish	ment informatio	n			
	Your e	stablishment name	GOODWILL IND	DUSTRIES OF LOW	ER SOUTH CAROLINA (SHAW	COMMISSARY 351)
	Street	531 SHAW DR				
	City	SHAW AFB		State	SOUTH CAROLINA	Zip29152
	Industr	ry description (e.g., M TRAINING AND RE		or truck trailers)		
0.0		ard Industrial Classifi	3 1			
OR	North A	American Industrial C	Classification (NAI	CS), if known (e.g., 3	336212)	
Em	ploym	ent information				
	Annual a	average number of emplo	yees	25		
	Total ho	urs worked by all employe	ees last year	31458		
Sig	n here					
	Knowi	ingly falsifying this	document may re	esult in a fine.		
	I certify		ed this document a	and that to the best o	f my knowledge the entries are tru	ue, accurate, and
	<u>PE</u> GG	Y B. SMITH				VP, HR
		Company e	executive			Title
	843-56	66-0072 EXT 218				1/30/2015
		Phor	ne			Date



Form approved OMB no. 1218-0176

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."

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 1 (H)	Total number of cases with job transfer or restriction 2 (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from work 1 (K)	-	Total number of days of job transfer or restriction 20 (L)	
Injury and Illness T	Types		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning(5) Hearing Loss	0 0
Condition	0	(6) All Other Illnesses	0

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

stablishment information		
Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTI	H CAROLINA (JB CHAS COMMIS	SARY 352)_
Street 103 LAWSON DR		
City JOINT BASE CHARLESTON State SOUT	TH CAROLINA Zip	29404
Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION		
Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1		
R North American Industrial Classification (NAICS), if known (e.g., 336212)		
mployment information		
Annual average number of employees 27		
Total hours worked by all employees last year 35896		
ign 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 knowle complete.	edge the entries are true, accurate	e, and
PEGGY B. SMITH	\	/P, HR
Company executive		Title
843-566-0072 EXT 218	1	/30/2015
Phone		Date



Form approved OMB no. 1218-0176

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."

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Number of Cases						
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases (J)			
Number of Days	,		(-)			
Total number of days away from work 0 (K)		Total number of days of job transfer or restriction O (L)				
Injury and Illness Types						
Total number of (M) (1) Injury	0	(4) Poisoning	0			
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0			
Condition	0	(6) All Other Illnesses	0			

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

St Ci	four establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA (SHAW FOOD SVC 391) treet 417 PROLIFKA State SOUTH CAROLINA Zip 29152 Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION tandard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 3 1
Ci	State SOUTH CAROLINA Zip 29152 Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION Itandard Industrial Classification (SIC), if known (e.g., SIC 3715)
	ndustry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION tandard Industrial Classification (SIC), if known (e.g., SIC 3715)
Inc	TRAINING AND REHABILITATION tandard Industrial Classification (SIC), if known (e.g., SIC 3715)
	lorth American Industrial Classification (NAICS), if known (e.g., 336212)
	oyment information
An	nnual average number of employees30
То	otal hours worked by all employees last year 42809
Sign h	here
Kı	nowingly falsifying this document may result in a fine.
	certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and omplete.
<u>PE</u>	EGGY B. SMITH Company executive VP, HR Title
<u>84</u>	43-566-0072 EXT 2181/30/2015

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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."

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 1 (H)	Total number of cases with job transfer or restriction 8 (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from work 3 (K)	_	Total number of days of job transfer or restriction 326 (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	9	(4) Poisoning (5) Hearing Loss	0 0
Condition	0	(6) All Other Illnesses	0

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

Est	ablishment information	n			
	Your establishment name	GOODWILL INDU	JSTRIES OF LOWE	R SOUTH CAROLINA (NAVAL WEA	APON GALLEY 392)
	Street 101 REFUELING R	lD			
	City GOOSE CREEK		State	SOUTH CAROLINA	Zip <u>29445</u>
	Industry description (e.g., M TRAINING AND RE		truck trailers)		
OR	Standard Industrial Classific 8 3 3 North American Industrial C	3 1		S212)	
	ployment information			, <u> </u>	
EIII	proyment information				
	Annual average number of employ	yees _	136		
	Total hours worked by all employe	ees last year _	196,179		
Sig	n here				
	Knowingly falsifying this	document may res	ult in a fine.		
	I certify that I have examine complete.	ed this document and	d that to the best of n	ny knowledge the entries are true, ad	ccurate, and
	PEGGY B. SMITH			_	VP, HR
	Company e	executive		-	Title
	843-566-0072 EXT 218			_	1/30/2015
	Phor	ne		_	Date



Form approved OMB no. 1218-0176

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."

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 5 (K)	-	Total number of days of job transfer or restriction 77 (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury	7	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Esta	ablish	ment information	n			
	Your e	stablishment name	GOODWILL INDU	ISTRIES OF LOWE	R SOUTH CAROLINA (MCAS GA	LLEY 393)
	Street	392080 GORDON S	ST			
	City	BEAUFORT		State	SOUTH CAROLINA	Zip2043
	Industr	y description (e.g., M TRAINING AND RE		truck trailers)		
		ard Industrial Classific	3 1			
OR	North A	American Industrial C	Classification (NAICS	S), if known (e.g., 336	3212)	
Emp	oloym	ent information				
	Annual a	average number of employ	yees _	66		
	Total ho	urs worked by all employe	ees last year	91709		
Sigı	n here Knowi	ngly falsifying this o	document may resi	ult in a fine.		
	I certify comple		d this document and	I that to the best of n	ny knowledge the entries are true,	accurate, and
	PEGG	Y B. SMITH				VP, HR
		Company e	xecutive			Title
	843-56	66-0072 EXT 218 Phon	ne.			1/30/2015 Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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."

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from work 0 (K)		Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	0 0
Condition	0	(6) All Other Illnesses	0

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

Establi	shment information			
Yo	ur establishment name GOODWILL IND	OUSTRIES OF LOWI	ER SOUTH CAROLINA (CAFB M	AILROOM 395)
Str	eet 101 E HILL BLVD			
Cit	y CHARLESTON AFB	State	SOUTH CAROLINA	Zip29404
Ind	lustry description (e.g., Manufacture of mot TRAINING AND REHABILITATION	or truck trailers)		
Sta	andard Industrial Classification (SIC), if kno 8 3 3 1	own (e.g., SIC 3715)		
OR No	rth American Industrial Classification (NAIC	CS), if known (e.g., 3	36212)	
Emplo	yment information			
•				
		_		
Anr	nual average number of employees	3		
Tota	al hours worked by all employees last year	3649		
Sign h	ere			
	owingly falsifying this document may re	ocult in a fine		
KII	owingly faishying this document may re	Suit iii a iiile.		
	ertify that I have examined this document a mplete.	nd that to the best of	my knowledge the entries are tru	e, accurate, and
PE	GGY B. SMITH			VP, HR
	Company executive			Title
843	3-566-0072 EXT 218			1/30/2015
	Phone			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work 0 (K)		Total number of days of job transfer or restriction 0 (L)	
Injury and Illness T	ypes	.,	
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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

Establisl	hment information			
Your	establishment name GOOD	WILL INDUSTRIES OF LOW	/ER SOUTH CAROLINA (SHAW	MAILROOM 397)
Stree	et 504 SHAW DR			
City	SHAW AFB	State	SOUTH CAROLINA	Zip29152
Indus	stry description (e.g., Manufactu TRAINING AND REHABILIT			
Stand	dard Industrial Classification (SI	C), if known (e.g., SIC 3715)		
OR North	n American Industrial Classificat	ion (NAICS), if known (e.g., 3	336212)	
Employn	ment information	· —— —		
Annua	al average number of employees	5		
Total h	nours worked by all employees last yea	8242		
Sign her	re			
Knov	wingly falsifying this docume	nt may result in a fine.		
I certi comp		cument and that to the best c	of my knowledge the entries are tr	ue, accurate, and
PEG	GY B. SMITH			VP, HR
	Company executive			Title
040.5	500 0070 EVT 040			4/06/22 17
843-5	566-0072 EXT 218 Phone			1/30/2015 Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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."

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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
(G)	(H)	<u> </u>	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
3		42	_
(K)		(L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	7	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establishm	ent informatior	ı				
Your est	ablishment name	GOODWILL INDUS	STRIES OF LOWER SO	JTH CAROLINA (VA FOOD S	SVC 399)	
Street _	1636 REGULUS AV	'E, BLDG 302				
City \	VIRGINIA BEACH		State	VIRGINIA	Zip	23461
•	description (e.g., Material REINING AND RE	anufacture of motor t	truck trailers)			
Standard	d Industrial Classific	eation (SIC), if known	(e.g., SIC 3715)			
OR North Ar	merican Industrial C	lassification (NAICS)	, if known (e.g., 336212)			
Employme i	nt information					
Annual av	verage number of emp	ployees	26			
Total hou	ırs worked by all empl	oyees last year	47,160			
Sign here						
Knowing	gly falsifying this d	locument may resu	It in a fine.			
I certify t complete		d this document and	that to the best of my kno	owledge the entries are true, a	ccurate, and	t
PEGGY	B. SMITH				VP, F	
	Company ex	xecutive			Title	€
<u>8</u> 43-566	-0072 EXT 218				1/30/20	015
	Phon	e		•	Date	 e

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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."

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
(K)		0 (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

	ment informatio	n			
Your 6	establishment name	GOODWILL IND	DUSTRIES OF LSC	(SCHOOL OF HOPE- COLUM	1BIA 404A)
Street	675 TWO NOTCH	RD			
City	LEXINGTON		State	SOUTH CAROLINA	Zip29073
Indust	ry description (e.g., M TRAINING AND RE		or truck trailers)		
Stand	ard Industrial Classifi 8 3	cation (SIC), if kno	wn (e.g., SIC 3715)		
OR North	American Industrial C		CS), if known (e.g., 3	336212)	
mploym	ent information				
Annual	average number of en	nployees	9		
Total h	ours worked by all emp	oloyees last year	13,282		
ign here	•				
Know	ingly falsifying this	document mav re	sult in a fine.		
l certif compl		ed this document a	nd that to the best c	f my knowledge the entries are t	rue, accurate, and
PEGG	SY B. SMITH				VP, HR
	Company e	executive			Títle
843-5	66-0072 EXT 218				1/30/2015
	Pho	ne			Date



Form approved OMB no. 1218-0176

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."

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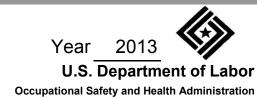
Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (l)	- <u>0</u> (J)
(0)	(11)	(1)	(0)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0		0	
(K)	_	(L)	-
Injury and Illness 1	Гуреѕ		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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 58 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.

Estak	olishi	ment informatio	n				
١	our e	stablishment name	GOODWILL IND	USTRIES OF LOW	ER SOUTH CAROLINA (WATER	R MISSIONS 40	6)
5	Street	1605 1150 KINZER	RST				
(City	NORTH CHARLES	STON	State	SOUTH CAROLINA	Zip	29405
I	ndustr	y description (e.g., N TRAINING AND RE		or truck trailers)			
5	Standa	ard Industrial Classifi 8 3		vn (e.g., SIC 3715)			
OR 1	North A	American Industrial (_	S), if known (e.g., 3	36212)		
-mnl	ovm	ent information					
•	•						
A	nnual a	average number of emplo	yees	1			
Т	otal hou	urs worked by all employe	ees last year	111			
sign	here						
ŀ	(nowi	ngly falsifying this	document may res	sult in a fine.			
	certify		ed this document an	nd that to the best of	my knowledge the entries are tru	ie, accurate, and	d
F	PEGG	Y B. SMITH				VP, H	IR
_		Company 6	executive			Title	
8	343-56	6-0072 EXT 218				1/30/20)15

Phone



Form approved OMB no. 1218-0176

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."

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	
Injury and Illness T	ypes		
Total number of (M)	0	(4) Poisoning	0
(1) Injury(2) Skin Disorder	0	(4) Poisoning(5) Hearing Loss	0
(3) Respiratory		· ,	-
Condition	0	(6) All Other Illnesses	0

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

Esta	blishı	ment informatio	n			
	Your e	stablishment name	GOODWILL IND	USTRIES OF LOW	VER SOUTH CAROLINA 393 WEA	ATHER SERVICE
	Street	5777 SOUTH AVIA	TION AVE			
	City	CHARLESTON		State	SOUTH CAROLINA	Zip29406
	Industr	y description (e.g., N TRAINING AND RE		or truck trailers)		
	Standa	ord Industrial Classifi	cation (SIC), if know	wn (e.g., SIC 3715)		
OR	North A	American Industrial C	Classification (NAIC	CS), if known (e.g.,	336212)	
Emp	loym	ent information				
	Annual	average number of	employees	1		
		ours worked by all e	mployees last			
	year			262		
Sign	here					
	Knowi	ngly falsifying this	document may re	sult in a fine.		
	I certify		ed this document ar	nd that to the best c	of my knowledge the entries are tru	e, accurate, and
-	PEGG	Y B. SMITH Company e	executive			VP, HR Title
		. ,				
-	843-56	6-0072 EXT 218				1/30/2015
		Pho	ne			Date

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury ´	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) RespiratoryCondition	0	(6) All Other Illnesses	0

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

stablish	ment information			
Your e	stablishment name GOODWILL	INDUSTRIES OF LC	OWER SOUTH CAROLINA 311 SHA	AW VET CLINIC
Street	321 CULLEN STREET			
City	SHAW AFB	State	SOUTH CAROLINA	Zip 29152
Industr	ry description (e.g., Manufacture of TRAINING AND REHABILITATIO			
	ard Industrial Classification (SIC), if 8 3 3 1 American Industrial Classification (N			
		— — (c.g.	., 5562 (2)	
mploym	ent information			
Annua	l average number of employees	5	-	
Total h year	nours worked by all employees last	1071	_	
ign here				
_	ngly falsifying this document ma	y result in a fine.		
I certify		nt and that to the bes	t of my knowledge the entries are tru	ue, accurate, and
Compie	sic.			
PEGG	Y B. SMITH			VP, HR
	Company executive			Title
<u>8</u> 43-56	66-0072 EXT 218			1/30/2015
	Phone			Date



Form approved OMB no. 1218-0176

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or 0 (I)	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	0 0
Condition	0	(6) All Other Illnesses	0

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

Establishment information			
Your establishment name	GOODWILL INDUSTRIES OF LO	WER SOUTH CAROLINA	
Street			
City	State	SOUTH CAROLINA	Zip
Industry description (e.g., Ma TRAINING AND REF	nufacture of motor truck trailers)		
8 3 3	· <u> </u>		
OR North American Industrial Cla	assification (NAICS), if known (e.g.	., 336212)	
Employment information			
Annual average number of e	nployees	_	
year ,			
you.		-	
Sian hara			
Sign here			
Knowingly falsifying this de	ocument may result in a fine.		
I certify that I have examined complete.	this document and that to the best	t of my knowledge the entries are t	rue, accurate, and
PEGGY B. SMITH			VP, HR
Company ex	ecutive		Title
843-566-0072 EXT 218			1/30/2015
Phone	<u> </u>		Date



Form approved OMB no. 1218-0176

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days	Total number of cases with job transfer or castriction 0	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)		Total number of days of job transfer or restriction 0 (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) RespiratoryCondition	0	(6) All Other Illnesses	0

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

Establi	shment information	n					
You	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA						
Str	eet						
City	/		State	SOUTH CAROLINA	Zip		
Ind	ustry description (e.g., M TRAINING AND RE		r truck trailers)				
Sta	ndard Industrial Classific		n (e.g., SIC 3715)				
OR Noi	th American Industrial C		S), if known (e.g., 33	6212)			
Employ	ment information	- 					
Anı	nual average number of	employees					
yea	ır						
Sign he	ere						
Kn	owingly falsifying this	document may res	ult in a fine.				
	ertify that I have examine nplete.	d this document and	d that to the best of r	ny knowledge the entries are	e true, accurate, and		
PE	GGY B. SMITH				VP, HR		
	Company e	xecutive			Title		
843	3-566-0072 EXT 218				1/30/2015		
	Phor	ne			Date		

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days 0 (H)	Total number of cases with job transfer or 0 (I)	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	_	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	Types		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	0 0
Condition	0	(6) All Other Illnesses	0

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

Esta	ablishment information			
	Your establishment name GOO	DWILL INDUSTRIES OF LO	WER SOUTH CAROLINA	
	Street			_
	City	State	SOUTH CAROLINA	Zip
	Industry description (e.g., Manufac			
	Standard Industrial Classification (· -	5)	
ЭR	8 3 3 North American Industrial Classific		, 336212)	
Emp	oloyment information			
_	•			
	Annual average number of employ	ees		
	year			
Sigr	n here			
	Knowingly falsifying this docum	ent may result in a fine.		
	I certify that I have examined this complete.	locument and that to the best	of my knowledge the entries are tr	ue, accurate, and
	PEGGY B. SMITH			VP, HR
	Company executiv	e		Title
	843-566-0072 EXT 218			1/30/2015
	Phone			Date

Summary of Work-Related Injuries and Illnesses



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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or 0	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	<u>0</u> 0
Condition	0	(6) All Other Illnesses	0

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

Esta	ablishment information							
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA							
	Street							
	City State SOUTH CAROLINA	Zip						
	Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION							
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1							
	North American Industrial Classification (NAICS), if known (e.g., 336212)							
Emı	ployment information							
	Annual average number of employees							
	year							
Sigı	n 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, a complete.	ccurate, and						
	PEGGY B. SMITH	VP, HR						
	Company executive	Title						
	843-566-0072 EXT 218	1/30/2015						
	Phone	Date						



Summary of Work-Related Injuries and Illnesses



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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or 0	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	<u>0</u> 0
Condition	0	(6) All Other Illnesses	0

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

Esta	ablishment information							
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA							
	Street							
	City State SOUTH CAROLINA	Zip						
	Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION							
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1							
	North American Industrial Classification (NAICS), if known (e.g., 336212)							
Emı	ployment information							
	Annual average number of employees							
	year							
Sigı	n 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, a complete.	ccurate, and						
	PEGGY B. SMITH	VP, HR						
	Company executive	Title						
	843-566-0072 EXT 218	1/30/2015						
	Phone	Date						



Summary of Work-Related Injuries and Illnesses



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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or 0	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	<u>0</u> 0
Condition	0	(6) All Other Illnesses	0

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

Esta	ablishment information					
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA					
	Street					
	City State SOUTH CAROLINA	Zip				
	Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION					
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1					
	North American Industrial Classification (NAICS), if known (e.g., 336212)					
Emı	ployment information					
	Annual average number of employees					
	year					
Sigı	n 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, a complete.	ccurate, and				
	PEGGY B. SMITH	VP, HR				
	Company executive	Title				
	843-566-0072 EXT 218	1/30/2015				
	Phone	Date				



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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or 0	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	<u>0</u> 0
Condition	0	(6) All Other Illnesses	0

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

Esta	ablishment information					
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA					
	Street					
	City State SOUTH CAROLINA	Zip				
	Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION					
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1					
	North American Industrial Classification (NAICS), if known (e.g., 336212)					
Emı	ployment information					
	Annual average number of employees					
	year					
Sigı	n 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, a complete.	ccurate, and				
	PEGGY B. SMITH	VP, HR				
	Company executive	Title				
	843-566-0072 EXT 218	1/30/2015				
	Phone	Date				



Summary of Work-Related Injuries and Illnesses



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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or 0	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	<u>0</u> 0
Condition	0	(6) All Other Illnesses	0

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

Esta	ablishment information					
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA					
	Street					
	City State SOUTH CAROLINA	Zip				
	Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION					
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1					
	North American Industrial Classification (NAICS), if known (e.g., 336212)					
Emı	ployment information					
	Annual average number of employees					
	year					
Sigı	n 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, a complete.	ccurate, and				
	PEGGY B. SMITH	VP, HR				
	Company executive	Title				
	843-566-0072 EXT 218	1/30/2015				
	Phone	Date				



Summary of Work-Related Injuries and Illnesses



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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or 0	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	-
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	0 0	(4) Poisoning (5) Hearing Loss	<u>0</u> 0
Condition	0	(6) All Other Illnesses	0

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

Esta	ablishment information					
	Your establishment name GOODWILL INDUSTRIES OF LOWER SOUTH CAROLINA					
	Street					
	City State SOUTH CAROLINA	Zip				
	Industry description (e.g., Manufacture of motor truck trailers) TRAINING AND REHABILITATION					
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 8 3 1					
	North American Industrial Classification (NAICS), if known (e.g., 336212)					
Emı	ployment information					
	Annual average number of employees					
	year					
Sigı	n 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, a complete.	ccurate, and				
	PEGGY B. SMITH	VP, HR				
	Company executive	Title				
	843-566-0072 EXT 218	1/30/2015				
	Phone	Date				



Summary of Work-Related Injuries and Illnesses



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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days of the work (H)	Total number of cases with job transfer or restriction 0	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from Work 0 (K)		Total number of days of job transfer or restriction 0 (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

Establi	shment information			
You	ur establishment name GOODWIL	L INDUSTRIES OF LO	WER SOUTH CAROLINA	
Str	eet			
City			SOUTH CAROLINA	Zip
Ind	ustry description (e.g., Manufacture o TRAINING AND REHABILITATI	•		
Sta	andard Industrial Classification (SIC),	f known (e.g., SIC 371	5)	
OR No	rth American Industrial Classification	(NAICS), if known (e.g.	, 336212)	
Employ	yment information			
	,			
Anı	nual average number of employees		-	
yea	ar		_	
Sian h	aro.			
Sign he	ere			
Kn	owingly falsifying this document m	ay result in a fine.		
	ertify that I have examined this docum nplete.	ent and that to the best	t of my knowledge the entries are to	rue, accurate, and
PE	GGY B. SMITH			VP, HR
<u>. L</u>	Company executive			Title
843	3-566-0072 EXT 218			1/30/2015
	Phone			Date



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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable 0 (J)
Number of Days			
Total number of days away from 0 (K)	-	Total number of days of job transfer or restriction 0 (L)	
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	<u>0</u>	(4) Poisoning(5) Hearing Loss	<u>0</u> 0
Condition	0	(6) All Other Illnesses	0

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

Establishment information				
	Your establishment name GOODWILL INDU	STRIES OF LOWE	R SOUTH CAROLINA	
	Street			
	City	State	SOUTH CAROLINA	Zip
	Industry description (e.g., Manufacture of motor TRAINING AND REHABILITATION	truck trailers)		
	Standard Industrial Classification (SIC), if known	n (e.g., SIC 3715)		
ЭR	North American Industrial Classification (NAICS	s), if known (e.g., 33	6212)	
≣mp	oloyment information			
	Annual average number of ampleyees			
	Annual average number of employees			
	year			
Sigr	n here			
	Knowingly falsifying this document may resu	ult in a fine.		
	3, 11, 3 , 11, 11, 11, 11, 11, 11, 11, 11, 11, 1			
	I certify that I have examined this document and complete.	I that to the best of r	my knowledge the entries are tr	ue, accurate, and
	PEGGY B. SMITH			VP, HR
	Company executive	_		Title
	843-566-0072 EXT 218			1/30/2015
	Phone			Date