OSHA's Form 300A (Rev. 01/2004) **Summary of Work-Related Injuries and Illnesses**



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 work-related injuries or illnesses occurred during the year. Remember to review the Log	
to verify that the entries are complete and accurate before completing this summary.	

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

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 L	Days		
Total number of da from work		otal number of days of job Insfer or restriction	
(K)		(L)	
Injury and I	lness Types		
Total number of (M)			
Injuries		(4) Poisonings (5) Hearing loss	
Skin disorders Respiratory condit	ions	(6) All other illnesse	s

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

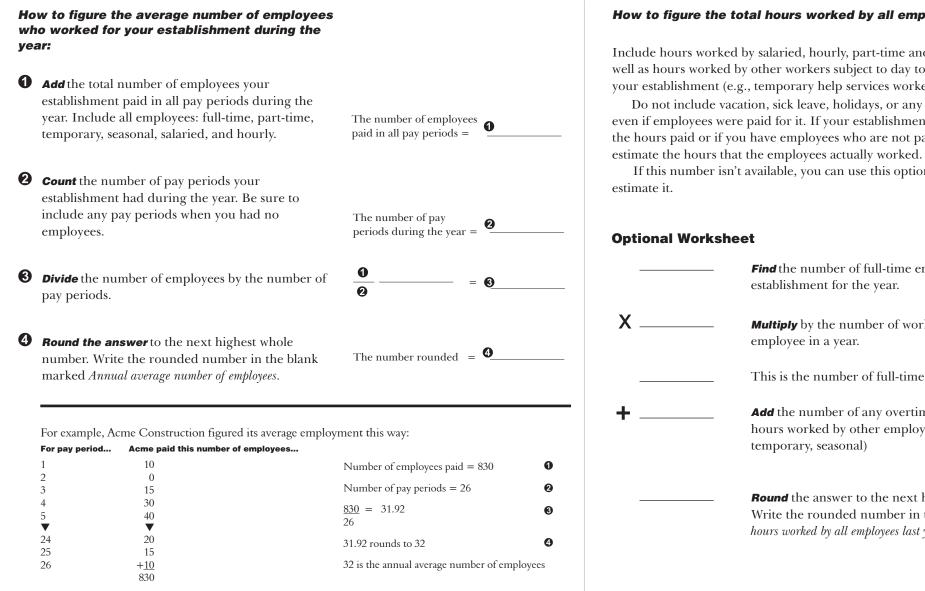
Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your establishment name		
Street		
City	State	ZIP
Industry description (e.g., Manufactur	re of motor truck traile	rs)
Standard Industrial Classification (S	IC), if known (<i>e.g.,</i>	3715)
OR		
North American Industrial Classific	ation (NAICS), if I	known (e.g., 336212)
Employment information Worksheet on the back of this page to estim	nate.)	nese figures, see the
Total hours worked by all employees		
Sign here		
Knowingly falsifying this doc	cument may res	ult in a fine.
I certify that I have examined thi knowledge the entries are true, a		
Company executive		Title
Phone		Date

Optiona

Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.



How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please

If this number isn't available, you can use this optional worksheet to

Find the number of full-time employees in your

Multiply by the number of work hours for a full-time

This is the number of full-time hours worked.

Add the number of any overtime hours as well as the hours worked by other employees (part-time,

Round the answer to the next highest whole number. Write the rounded number in the blank marked Total hours worked by all employees last year.

Department of Lab ational Safety and Health Admi

