

OSHA's FORM 300A (Rev. 01/2004)

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

YEAR 20 ____
 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 and accurate before completing this summary.

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

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

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(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 Types

Total number of...
(M)

- | | |
|---------------------------------|-------------------------------|
| (1) Injury _____ | (4) Poisoning _____ |
| (2) Skin Disorder _____ | (5) Hearing Loss _____ |
| (3) Respiratory Condition _____ | (6) All other Illnesses _____ |

Post this Summary page from February 1 to April 30 of the year following the year covered by the form
 Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your Establishment Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Industry description (e.g., Manufacture of motor truck trailers): _____
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715): _____
 OR North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment Information

Annual average number of employees _____
 Total hours worked by all employees last year _____

Sign Here

Knowingly falsifying this document may result in a fine.

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

_____ Company Executive ()	_____ Title / /
_____ Phone	_____ Date