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

## **Summary of Work-Related Injuries and Illnesses**

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

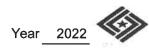
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

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	
0 (K)		0 (L)	-
Injury and Illness T	ypes		4 T
Total number of			
(1) Injury	0	(4) Poisoning	0
<ul><li>(2) Skin Disorder</li><li>(3) Respiratory</li></ul>	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

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.



Form approved OMB no. 1218-0176

## U.S. Department of Labor

Occupational Safety and Health Administration

stablish	ment information			
Your e	establishment name <u>ECU De</u>	ental Learning Center - Brunsw	ick	
Street	100 Brunswick Medical Center	er Parkway		
City	Bolivia	State	NC	Zip <u>28422</u>
Indust	try description (e.g., Manufactur Education	re of motor truck trailers)		
Stand	ard Industrial Classification (SI	C), if known (e.g., SIC 3715)		
R North	American Industrial Classificati	on (NAICS), if known (e.g., 336	5212)	
	6 1 1 3	10		
mplovm	ent information			
	al average number of employee hours worked by all employees			
ign here	Win	Rkach		
Know	ringly falsifying this documer	nt may result in a fine.		
l certil compl	fy that I have examined this doc ete.	cument and that to the best of n	ny knowledge the entries	are true, accurate, and
	Bill Koch			AVC of CSAS
	Company executive			Title
	(252 328-6166			1-23-23
	Phone			Date