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	Types		
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.



U.S. Department of Labor

Form approved OMB no. 1218-0176

Occupational Safety and Health Administration

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:stabiish	ment information			
Your e	establishment name <u>ECU C</u>	oastal Studies Institute		
Street	850 NC-345			
City	Wanchese	State	NC	Zip27981
Indust	ry description (e.g., Manufactu Education	re of motor truck trailers)		
Stand	ard Industrial Classification (Sl	C), if known (e.g., SIC 3715)		
OR North	American Industrial Classificat	ion (NAICS), if known (e.g., 33	86212)	
	6 1 1 3	10		
Emplovm	ent information			
Annua	al average number of employee	es <u>72</u>		
	hours worked by all employees	last 98,107		
year		90,107		
Sign here	lei	Kal		
Know	ringly falsifying this docume	nt may result in a fine.		
l certit compl	y that I have examined this do ete.	cument and that to the best of	my knowledge the entries	are true, accurate, and
	Bill Koch			AVC of CSAS
	Company executive			Title
	(252) 328-6166			1-23-23
	Phone	-		Date