## 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 18	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	
495 (K)	-	1279 (L)	=
Injury and Illness 1	Гуреѕ		
Total number of (M)		•	
(1) Injury	47	(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

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Eat	عمالمه	ment information							
EST	abiisni	nent information							
	Your e	stablishment name	ECU - Core Camp	us (East Campus)					
	Street	211 S. Jarvis St.							
	City	Greenville		State	NC	Zip <u>27858</u>			
	Industr	y description (e.g., Ma Education	nufacture of motor	truck trailers)					
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)								
OR	North A	merican Industrial Cla	assification (NAICS		36212)				
Emp	oloyme	ent information							
	Annual average number of employees5,760								
	Total h year	ours worked by all em	ployees last	9,126,178					
Sign here William 1									
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.								
		Bill Koo Company exe				AVC of CSAS			
		Company ext	304HV6						
		(252) 328 - Phone		_		/-23-23 Date			