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 0	Total number of cases with job transfer or restriction 0	Total number of other recordable cases	
(G)	(H)	(1)	(J)	
Number of Days				
Total number of days away from		Total number of days of job transfer or restriction		
0 (K)		0 (L)		
Injury and Illness T	ypes			
Total number of				
(1) Injury	2	(4) Poisoning	0	
(2) Skin Disorder (3) Respiratory	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.



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

stablish	nment informat	tion						
Your	establishment nam	e ECU Den	tal Learning Cente	r - Lumberton/	Robeson County			
Street	600 Country Clu	b Rd.						
City	Lumberton		State		NC		Zip _	28360
Indust	try description (e.g Education	., Manufacture	of motor truck trail	ers)				
Stand	lard Industrial Clas	sification (SIC)	, if known (e.g., Sl	C 3715)				
R North	American Industria	al Classification	n (NAICS), if knowr	n (e.g., 336212	?)			
	6 1	1 3	10					
nploym	ionit innominatio	111						
Annua Total year	al average number hours worked by a	of employees	$\frac{12}{25,81}$	6				
Annua Total year ign here	al average number hours worked by a	of employees	ast					
Total : year ign here Know	al average number hours worked by a wingly falsifying the figure of the	of employees la	25,81	ne.	nowledge the entri	es are true, a	accurate, a	nd
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Annua Total: year ign here Know	al average number hours worked by a vingly falsifying the fy that I have examete. Bill Companies	of employees later than the second of employees lat	25,81	ne.	nowledge the entri	es are true, a	AVC of	CSAS