OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved CMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or filmesses occurred during the year. Remember to review the Log to varify 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	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)		(L)	-
injury and Illness 1	Types		
Total number of			
(1) Injury	0	(4) Paisoning	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 universit displays a currently veild 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-3544, 200 Constitution Ave, NW, Wastington, DC 20210. Do not send the completed forms to this office.

W. 1.7 11-23 1	hment infor	mation			
Your	establishment	name ECU De	ental Learning Clinic - Ahosk	tie	
Stree	t 100 Health	Center Drive			
City	Ahoskie		State	NC	Zip <u>27910</u>
Indus	etry description Education	(e.g., Manufactu	re of motor truck trailers)		
Steine	dard Industrial	Classification (SI	C), if known (e.g., SIC 3715))	
R North	American Indi	ustrial Classificati	on (NAICS), if known (e.g.,	336212)	
	<u>6</u> <u>1</u>	1 3	10		
	ent Informa	ation			
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Annua Total year	al average num	nber of employee	last		
Annua Total year	al average nun hours worked	nber of employse by all employees	last		
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