## 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 OMB no. 1218-0176

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 zure 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)	(f)	(7)
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 iliness 1	Types		
Total number of			
(1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning (5) Hearing Loss	0
Condition	0	(6) All Other Ilinesses	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 everage 58 minutes por 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 if delapters a currently valid Oblic 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, Do 20210. Do not send the completed forms to this office.

You	r establishment name ECU D	Dental Learning Center - Bruns	swick	
Stre	et 100 Brunswick Medical Cen	ster Parkway		
City	Bolivia	State	NC	Zip28422
indu	stry description (e.g., Manufact Education	ure of motor truck trailers)		
Stan	dard Industrial Classification (S	SIC), if known (e.g., SIC 3715)		
l Nort	h American Industrial Classifica	ition (NAICS), if known (e.g., 3	336212)	
	6 1 1 3		•	
mlow	ment information			
Annı	ual average number of employe	ees <u>21</u>		
	ual average number of employe			
	hours worked by all employee			
Tota	hours worked by all employee	s last		
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