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



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 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	" sa"f.			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction	Total number of other recordable cases 0 (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 (2) Skin Disorder	0	(4) Poisoning (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 50 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.

Establishment Information									
	Your establishment name ECU Coastal Studies Institute								
	Street	850 NC-345							
	City	Wanchese		State	NC NC	Zip <u>27981</u>			
	industr	y description (e.g., I Education	Manufacture of r	notor truck trailers)					
	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)								
OR	North A	merican Industrial (Classification (N	AICS), if known (e.g	., 336212)				
		61	1 3 1						
Sign	Annual Total h year	average number of ours worked by all e	employees last	64 107,547					
	Knowir	ngly falsifying this	document may	result in a fine.					
	I certify comple		ed this documen	t and that to the be	st of my knowledge the entrie	s are true, accurate, and			
		Bill Ko	och			AVC of CSAS			
		Company e	xecutive			Title /			
		(252) 744	-2070			1/13/25			
		Phon				Date			