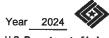
## OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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 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 Record

Number of Cases				
Total number of deaths	Total number of cases with days away from work 13	Total number of cases with job transfer or restriction 22	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		
661 (K)		1008		
Injury and Illness 1	Types			
Total number of				
(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 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.

	hment information			
	establishment name ECU Co	re Campus (East Campus)		
Stree	t 600 Moye Blvd			
City	Greenville	State	NC	Zip27834
Indus	try description (e.g., Manufactu Education	re of motor truck trailers)		
Stand	fard Industrial Classification (SI	C), if known (e.g., SIC 3715)		
R North	American Industrial Classificati	on (NAICS), if known (e.g., ?	336212)	
	<u>6</u> <u>1</u> <u>1</u> <u>3</u>	10		
	al average number of employees hours worked by all employees			
Know	ingly falsifying this document	may result in a fine.		
I certify comple	y that i have examined this doc ete.	ument and that to the best o	of my knowledge the entries a	re true, accurate, and
	Bill Koch Company executive			AVC of CSAS Title
	(252) 744-2070 Phone			1/13/25