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 Recordkeeping rule, for further datalls on the eccess 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 work		Total number of days of job transfer or restriction	
(K)	-	0 (L)	-
Injury and Illness	Гурев		
Total number of			
(1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning (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 everage 68 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 if displays a currently valid Office control rumber. 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 sent the completed forms to this office.

Your establishment name ECU Der Street 1235 Davidson Community Co		lson	
Street 1235 Davidson Community Co	and the second second		
	ollege Rd.		
City Thomasville	State	NC	Zip <u>27360</u>
Industry description (e.g., Manufacture Education	e of motor truck trailers)		
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)		
R North American Industrial Classification	n (NAICS), if known (e.g., :	336212)	
<u>6 1 1 3</u>	<u>1</u> <u>0</u>	-	
Annual average number of employees I Total hours worked by all employees I year			
gn here Knowingly falsifying this document	may result in a fine.		
I certify that I have examined this docu	ment and that to the best o	f my knowledge the entrie	s are true, accurate, and
Bill Koch Company executive			AVC of CSAS
Company executive			Title
252 744-2070 Phone			1/18/24