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 28 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	E STATE		
Total number of days away from work		Total number of days of job transfer or restriction	
(K)	_	180(L)	
injury and lliness	Гурев		
Total number of			
(1) Injury	2	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other lilnesses	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 the 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.

10011	atabilati mailt ilailio Loo i	Dental Learning Center - Ekzat	rein City	
Street	1161 North Road St.			
City	Elizabeth City	State	NC	Zip <u>27909</u>
Indust	ry description (e.g., Manufac Education	ture of motor truck trailers)		
Stend	ard industrial Classification (SIC), if known (e.g., SIC 3715)		
		-		
Nonth		ation (NAICS), if known (e.g., 3	36212)	
	6 1 1 3	1 0		
ploym	ent information			
Annua	l average number of employ	ees <u>13</u>		
	il average number of employed			
Total !	tours worked by all employee	es last		
Total i year	tours worked by all employee	24 239 RKL		
Total i year	tours worked by all employee	24 239 RKL		
Total i year in here Know	ingly falsifying this docume	24 239 RKL	f my knowledge the entrie	s are true, accurate, and
Total i year in here Know	ingly falsifying this docume	24 239 RHL int may result in a fine.	f my knowledge the entrie	s are true, accurate, and AVC of CSAS
Total i year in here Know	ingly falsifying this docume	es last 24 239 Refer to the last of the l	f my knowledge the entrie	
Total i year in here Know	ingly falsifying this docume that I have examined this dete.	es last 24 239 Refer to the last of the l	f my knowledge the entrie	AVC of CSAS
Total i year in here Know	ingly falsifying this docume that I have examined this dete.	es last 24 239 Refer to the last of the l	f my knowledge the entrie	AVC of CSAS