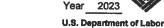
OSHA's Form 300A (Rev. 01/2004)



Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

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			
Total number of deaths 0 (G)	Total number of cases with days away from work 9 (H)	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(П)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
288		907	
(K)	-	(L)	
injury and iliness 1	Гурез		
Total number of (M)			
(1) Injury	60	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(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 assimated 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 Lebor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your	establishment name ECU -	Health Sciences Campus (Wo	est Campus)	
Stree	t 600 Moye Blvd			
City	Greenville	State	NC	Zip <u>27834</u>
indus	try description (e.g., Manufact Education	ure of motor truck trailers)		
Stand	lard Industrial Classification (S	ilC), if known (e.g., SIC 3715)		
R North	American Industrial Classifica	ition (NAICS), if known (e.g., 3	336212)	
	6 1 1 3	0_		
	al average number of employe			
Total i	hours worked by all employee	5 334 926		
Totali year gn here	hours worked by all employee	s last		
Totali year gn here Know	ingly falsifying this documer	s last 5 334 926	f my knowledge the entrie	is are true, accurate, and
Totali year gn here Know	ingly falsifying this documer	s last 5 334 926	if my knowledge the entrie	s are true, accurate, and AVC of CSAS Tria