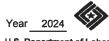
OSHA's Form 300A (Rev. 01/2004)

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	Total number of cases with job transfer or restriction	Total number of other recordable cases		
(G)	(H)	(1)	(J)		
Number of Days		Territor.			
Total number of days away from work		Total number of days of job transfer or restriction			
0 (K)		0 (L)			
Injury and Illness 1	Types				
Total number of (M)					
(1) Injury	1	(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, CSHA Office of Statistics. Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

stablis	shment informatio	n					
	Zimsiit imoimauo						
You	r establishment name	ECU Dental Lea	ming Center - Spr	uce Pine			
Stre	et 179 Hospital Drive						
City	Spruce Pine		State	NC		Zip _	28777
Indu	estry description (e.g., l Education	Manufacture of mot	tor truck trailers)				
Stan	ndard Industrial Classif	cation (SIC), if kno	wn (e.g., SIC 3715	5)			
OR Norti	h American Industrial (Classification (NAIC	CS), if known (e.g.,	336212)			
		1 3 1					
mployr	ment information						
Annı	ual average number of	employees	12				
	I hours worked by all e	mployees last					
year			21,917				
ign her	re dr	inde	al				
Knov	wingly falsifying this	locument may res	sult in a fine.				
i certi comp	ify that I have examine plete.	d this document ar	nd that to the best	of my knowledge t	ne entries are true	e, accurate,	and
	Bill Ko Company ex					AVC of	
	(252) 744					1/13	125
-	Phon				1	Dat	e/