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



Occupational Safety and Health Administration

Form approved OMB no. 1218-0178

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	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			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-3	0 (L)	R
Injury and Illness T	ypes	In the second	
Total number of (M)			
(1) Injury (2) Skin Disorder	2	(4) Poisoning(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.

Your	establishment name	East Carolina University, Dente	al Learning Center - Sylva	
Stree	et 316 Country Servi	ces Park		
City	Sylva	State	NC	Zip28779
Indus	stry description (e.g., Education	Manufacture of motor truck trailer	s)	
Stand	dard Industrial Classil	ication (SIC), if known (e.g., SIC	3715)	
North	American Industrial	 Classification (NAICS), if known (e.g., 336212)	
	<u>6</u> <u>1</u>	1 3 1 0		
ploym	nent information			
Annua	al average number o	employees 11	_	
Total year	hours worked by all e			
year		21,085		
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Know	rinaly falsifyina this	document may result in a fine.		
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l certif		ed this document and that to the I	best of my knowledge the entries	s are true, accurate, and
	Bill Ke			AVC of CSAS
	Company e	xecutive		Title
	(252) 744	L-2070		1/13/25
_	Phor			7 Date