

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

Year 20__
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 work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this Summary.

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 OSHA's Form 300 in its entirety. They also have limited access to OSHA's Form 301 or its equivalent. See 29 CFR Part 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	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____ (0)	_____ (0)	_____ (0)	_____ (0)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____ (0)	_____ (0)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
_____	_____	_____	_____	_____	_____	_____

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 30 minutes per response, including time to review the instructions, search existing data sources, 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 this estimate or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-1044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

Establishment information

Your establishment name _____

State _____

City _____ State _____ ZIP _____

Industry description (e.g., Manufacturer of meat and poultry) _____

Standard Industrial Classification (SIC), if known (e.g., SIC 5715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

 Date _____