OSHA's Form 300A

(Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

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 the OSHA Form 300 in its entirety. They also have limited access to the OSHA 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.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or	Total number of other recordable cases	
0	0	restriction 0	0	
(G)	(H)	(I)	(J)	
umber of Days				
Total number of days away from work	Total number of days of job transfer or restriction			
0	0			
(K)	(L)			
njury and Illness Types				
Total number of				
(M)				
(1) Injuries	0	(4) Poisonings	0	
(2) Skin disorders	0	(5) Hearing loss	0	
(3) Respiratory conditions		(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 instructions, 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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Report OSHA300ASummary.rpt
Created By Veitch, John / veitchjm

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U.S. Department of Labor

Occupational Safety and Health Administration

			Form approved OMB no. 1218-01
Establishment Inform	ation		
Your establishment name	5413 W Cedar Ln (Doc	tor Park)	
Street			
City	S	State	Zip
Industry description	(e.g. Manufacture of motor	truck trailer	rs)
Standard Industrial Classific	eation (SIC), if known		(e.g., 336212)
OR North American Industr	rial Classification (NAICS), if k	mown.	(e.g., 336212)
Employment Informa (If you don't have these figure Annual average number of or	res, see the Worksheet on the b	ack of this po	age to estimate.)
Total hours worked by all e	mployees last year		
Sign here			
Knowingly falsifying	this document may res	ult in a fi	ne.
•	amined this document ar are true, accurate, and co		the best of my
Company executive			Title
Phone			Date