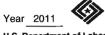
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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 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	5 25 3	4-21-13-2	270 191	
Total number of days away from work		Total number of days of job transfer or restriction		
0 (K)		0 (L)	- 1,	
Injury and Illness 1	Гуреѕ	100000000000000000000000000000000000000	No. of the	
Total number of				
(1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning (5) Hearing Loss	0_0	
Condition	0	(6) Ali 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 if displays a currently valid OMB control number. If you have any comments about these entitles or any superior of this data collection, contact: US Department of I where OSHA Office of Statistics. Floom N-3644. 200 Constitution Ave. NW. Washington. DC 20210. Do not send the completed forms to this office.

Esta	blishr	nent information	1							
	Your e	stablishment name	NC Division of V	Water Quality - Mo	oresville Regional Office					
	Street	610 E Center Stree								
	City	Mooresville		State	NC	Zip28115				
	Industr	y description (e.g., M Environmental Regi		otor truck trailers)						
	Standa	rd Industrial Classific	cation (SIC), if kno	own (e.g., SIC 371:	5)					
OR	North A	merican Industrial C	lassification (NAI		, 336212)					
Emp	loyme	ent information								
	Annual	average number of	emplovees	21						
		ours worked by all en		36,600	-					
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.									
		919-807- Phor				Date / 1				