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
0	1	0	2
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
6 (K)		(L)	-
Injury and Iliness Ty	/pes		
Total number of (M)			
(1) Injury	3	(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 restinates or any sections 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.

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Establishment information	
Your establishment name NC Division of Water Qualit	ty - Archdale Building
Street 512 North Salisbury Street	
City Raleigh State	NC Zip 27604
Industry description (e.g., Manufacture of motor truck tra Environmental Regulation	illers)
Standard Industrial Classification (SIC), if known (e.g., S	OIC 3715)
OR North American Industrial Classification (NAICS), if know	vn (e.g., 336212)
9 2 4 1 1 0	
Employment information	
Annual average number of employees 110	
Total hours worked by all employees last year 220,00	<u>00 </u>
Sign here	
Knowingly falsifying this document may result in a fir	1960 - Maria 1960 1980 - Maria 1960 - 1980 - Maria 1960 -
I certify that Thave examined this document and that to to complete. Company executive 919-807-6300 Phone	the best of my knowledge the entries are true, accurate, and Director Title Date