## 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 QSHA Form 300 in its entirely. They also have limited access to the QSHA Form 301 or its equivalent. See 29 CFR 1994.35, in QSHA'S record

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 0	Total number of other recordable cases
(G)	(H)	(1)	(1)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness	Гуреѕ		
Total number of			
(1) Injury	2	(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 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.

City Swananoa	State	NC	
		NO	Zip28778
Industry description (e.g., Manufac Environmental Regulation			
Standard Industrial Classification	(SIC), if known (e.g., SIC 3715)		
North American Industrial Classific	cation (NAICS), if known (e.g., 3	36212)	
9 2 4	1 1 0		
ployment information			
Annual average number of emplo	yees 21		
Total hours worked by all employe year	ses last 42,000		
n here			
Knowingly falsifying this docum	ent may result in a fine.		
I certify that I have examined this	document and that to the hest of	of my knowledge the entrie	s are true, accurate, and
complete.	- / -		