OSHA's Form 300A (Rev. 01/2004)





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		特殊論		
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	1	
(G)	(H)	(1)	(J)	
Number of Days		Hall to be a		
Total number of days away from work		Total number of days of job transfer or restriction		
0		0		
(K)		(L)		
Injury and Illness 1	Types			
Total number of (M)				
(1) Injury	1	(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 composited forms to this office.

W-				
Your	establishment name NC Division of	Water Quality - Moon	esville Regional Office	
Stree	610 E Center Street			
City	Mooresville	State	NC	Zip28115
Indus	try description (e.g., Manufacture of n Environmental Regulation	notor truck trailers)		
Stand	dard Industrial Classification (SIC), if k	nown (e.g., SIC 3715)		
R North	American Industrial Classification (Na	AICS), if known (e.g., 3	336212)	
	9 2 4 1 1	0		
	al average number of employees hours worked by all employees last	22 37,697		
gn here	е			
Know	vingly falsifying this document may	result in a fine.		
f certificomp	fy that I have examined this documen lete. Company executive	t and that to the best of	of my knowledge the entries	are true, accurate, and Deputy Director Title
	919-733-7015 Phone			1/30/0