OSHA's Form 300A (Rev. 04/2015)

Summary of Work-Related Injuries and Illnesses

All entries must be signed by an authorized representative. Remember to review the Log to verify that the entries are complete.

Using this Log, count the number of entries made for each category. Then enter the total below. If you have added the entries from every page of the Log, if you had no entries enter '0'.

Employees of this organization, and their representatives, have the right to receive the OSHA Form 300 in its entirety. They also have the right to access the OSHA Form 301 or 15 more days. See 29 CFR 1904.75 in OSHA's User's Guide for OSHA's confidentiality rule, for further details on the access provisions for these forms.

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>569</td>
<td>267</td>
</tr>
</tbody>
</table>

Injury and Illnesses by Type

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injury</td>
<td>23</td>
</tr>
<tr>
<td>(2) Skin Disorder</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory Condition</td>
<td>0</td>
</tr>
</tbody>
</table>

Employment Information

<table>
<thead>
<tr>
<th>Annual average number of employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total hours worked for all employees last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,624,000</td>
</tr>
</tbody>
</table>

Sign here

Knowledge of this document may result in a fine.

I certify that I have reviewed this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]

July 1, 2019

Please fill in the top right corner with the date of the last entry or correction.