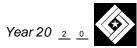
OSHA's Form 300A (Rev. 01/2004)

NW, Washington, DC, 20210. Do not send the completed forms to this office.

Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor Occupational Safety and Health Administration

no. 1218-0176

All establishments covered by Part 1904 must complete this Summary, page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the enthies are complete and accurate before completing this summary. 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 70.* Employees, former employees, and their representatives have the right to review the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordise-ging rule, for further details on the access provisions for these forms. **Total number of Cases** Total number of Cases** Total number of Cases with days away from work cases with job other recordable transfer or restriction cases with job other recordable transfer or restriction cases **O			Form appro
Vour establishment Total number of deaths Cases with days away from work Cases Cases with one of the case with days away from work Cases Cases with days away from work Cases	All establishments covered by Part 1904 must complete this Summary page, even if no work-related injute verify that the entries are complete and accurate before completing this summary.	ies or illnesses occurred during the year. Remember to review the Log	Fotoblish mont Information
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirely. They also have limited access to the OSHA Form 301 or its equivalent. See 29 GFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms. Number of Cases		naking sure you've added the entries from every page of the Log. If you	
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1530 2544	Total number of days Total number of days of		North American Industrial Classification (NAICS), if known (e.g., 336212)
Employment Information(If you don't have these figures, see the Worksheet on back of this page to continue) Worksheet on back of this page to continue)	(K) (L)		Employment Information(If you don't have these figures, see the
Total number of (M) Annual average number of employees Total hours worked by all employees last year Total hours worked by all employees last year	Total number of		Annual average number of employees 36,215,300
(1) Injuries 332 (4) Poisonings 0) Injuries <u>332</u> (4) Poisonings		V 1 0
(6) All other illnesses 10) Skin disorders (6) All other illnesses		Knowingly falsifying this document may result in a fine.
Post this Summary page from February 1 to April 30 of the year following the year covered by the form.		lowing 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 instructions, 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, (612) 625-0518	complete and review the collection of information. Persons are not required to respond to the collection of	f information unless it displays a currently valid OMB control number. If you have any	Company executive Title

(612) 625-0518