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

## Summary of Work-Related Injuries and Illnesses

Year 2023

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

Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory Condition	(K)	Total number of days away from work	(G) Number of Days	Total number of deaths	Number of Cases
0 8	ypes		(H)	Total number of cases with days away from work	
<ul><li>(4) Poisoning</li><li>(5) Hearing Loss</li><li>(6) All Other Illnesses</li></ul>	(1)	Total number of days of job transfer or restriction	()	Total number of cases with job transfer or restriction 1	
0 00			(J)	Total number of other recordable cases	

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 58 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.

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Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the b complete.  Company executive  See Sey Hydey  Phone	Total hours worked by all employees last year here	yees	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  8 2 1 OR North American Industrial Classification (NAICS), if known (e.g., 336212)  6 1 1 3 1 0	Industry description (e.g., Manufacture of motor truck trailers) Higher Education		inaw V
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