

Summary of Work-Related Injuries and Illnesses

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 entries 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 each 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 Part 1904.35 in OSHA's recordkeeping rule for further details on the access provisions for these forms.

Number of Cases

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	2	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days on job transfer or restriction
4	4
(K)	(L)

Injury and Illness Types

(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	1	(6) All other illnesses	0

Establishment information

Your Establishment Name ABC Corporation

Address 1234 Any Street, Any Town, CA 94086-3119

Industry Description _____

Standard Industrial Classification (SIC) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment Information

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign Here

Knowingly falsifying this document may result in a fine.

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

Company Executive

Title

Phone

Date

Post this summary page from February 1 to April 30 of the year following the year covered by the form.