## Date Range: 1/1/2019 - 12/31/2019

## OSHA's Form 300A

## Log of Work-Related Injuries and Illnesses

Occupational Safety and Health Administration

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

Form approved OMB no. 1218-0176

**U.S. Department of Labor** 

National Institutes of Health, Occupational Medical Service

Bethesda, MD 20892

29 CFR Part 1904.35, in OS	HA's recordkeeping rule, for further details	s 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	0	0	1
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
	0		
(K)		(L)	
Injury and Illness T	ypes		
[1] Injury	0	[4] Poisoning	0
[2] Skin Disord	der 1	[5] Hearing Loss	0
[3] Respiratory	/ <b>Cond.</b> 0	[6] All Other	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 14 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information		
Main Campus 15–G2		
National Institutes of Health Occupational Medical Services Bethesda, MD 20892		
Industry Description		
Standard Industrial Classification (SIC)	-	
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	