**Main Campus 31C**

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

# OSHA's Form 300A

## Log of Work-Related Injuries and Illnesses

**U.S. Department of Labor**

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

National Institutes of Health, Occupational Medical Service

Bethesda, MD 20892

### 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** | **1** | **0** | **1** |
| (G) | (H) | (I) | (J) |

### Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|---|---|
| **6** | **1** |
| (K) | (L) |

### Injury and Illness Types

| | | | |
|---|---|---|---|
| **[1] Injury** | 2 | **[4] Poisoning** | 0 |
| **[2] Skin Disorder** | 0 | **[5] Hearing Loss** | 0 |
| **[3] Respiratory Cond.** | 0 | **[6] All Other** | 0 |

**Establishment Information**

**Main Campus 31C**

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 _____

**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.