OSHA's Form 300A
Log 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 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.

### Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>181</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>[1] Injury</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>[2] Skin Disorder</td>
<td>0</td>
</tr>
<tr>
<td>[3] Respiratory Cond.</td>
<td>0</td>
</tr>
<tr>
<td>[4] Poisoning</td>
<td>0</td>
</tr>
<tr>
<td>[5] Hearing Loss</td>
<td>0</td>
</tr>
<tr>
<td>[6] All Other</td>
<td>2</td>
</tr>
</tbody>
</table>

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**Establishment Information**

**Main Campus 35**

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

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