## OSHA's Form 300A

had no cases, write "0."

entries are complete and accurate before completing this summary.

## Log of Work-Related Injuries and Illnesses

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

Date Range: 1/1/2023 - 12/31/2023

**U.S. Department of Labor** 

Occupational Safety and Health Administration

Form approved OMB no. 1218-

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	0	0	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
	0	0	
(K)		(L)	
Injury and Illness T	ypes		
[1] Injury	0	[4] Poisoning	0
[2] Skin Disor	der 0	[5] Hearing Loss	0
F01 D	y Cond. 0	[6] All Other	0

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

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

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

## 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 TR46C	
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 o my knowledge the entries are true, accurate, and complete.	f
Company Evacutive	
Company Executive	i itie
Phone	Date