## 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 Total number of Total number of cases with Total number of cases with job Total number of other deaths days away from work transfer or restriction recordable cases 0 0 0 0 (G) (H) (I) (J) Number of Days Total number of days away from Total number of days of iob work transfer or restriction 0 0 (K) (L) Injury and Illness Types [1] Injury 0 [4] Poisoning 0 [2] Skin Disorder [5] Hearing Loss 0 0 [3] Respiratory Cond. 0 0 [6] All Other Post this Summary page from February 1 to April 30 of the year following the year

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.

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

#### **U.S. Department of Labor**

Occupational Safety and Health Administration

National Institutes of Health, Occupational Medical Service

Bethesda, MD 20892

# **Establishment Information** RML 8 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. Title Company Executive Phone Date

### RML 8

covered by the form.

Form approved OMB no. 1218-

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