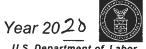
OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.

Because the forms in this recordkeeping package are "fillable/writable"
PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.



U.S. Department of Labor Occupational Safety and Health Administration

Reset

Form approved OMB no. 1218-0176

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.

es			
Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	
7	9	27	
(H)	(1)	(1)	
r's			
	100		
	(L)		
ss Types			
43	(4) Poisonings	0	
0	(5) Hearing loss	0	
itions 0	(6) All other illnesses	0	
	Total number of cases with days away from work 7 (H) ss Total number of cases with days away from work 7 (H) 43 0	Total number of cases with days away from work 7 (H) Total number of cases with job transfer or restriction 9 (I) SS Total number of days of job transfer or restriction 100 (L) SS Types 43 (4) Poisonings 0 (5) Hearing loss	

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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information				
Your establishment name	Community Unit S	School District 308		
Street 4175 Route	71			
City Oswego	State IL	Zip 60543		
Industry description (e.	g., Manufacture of motor	r truck trailers)		
Education				
North American Indust	rial Classification (NAIC	CS), if known (e.g., 336212)	_	
Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)				
Annual average number	r of employees	2,454	ļ	
Total hours worked by	all employees last year	386,658.00		
Sign here			ŀ	
Knowingly falsifyin	g this document may	result in a fine.		
	atries are true, accurate	at and that to the best of the complete, and complete, where the complete of t	-X NATOR	