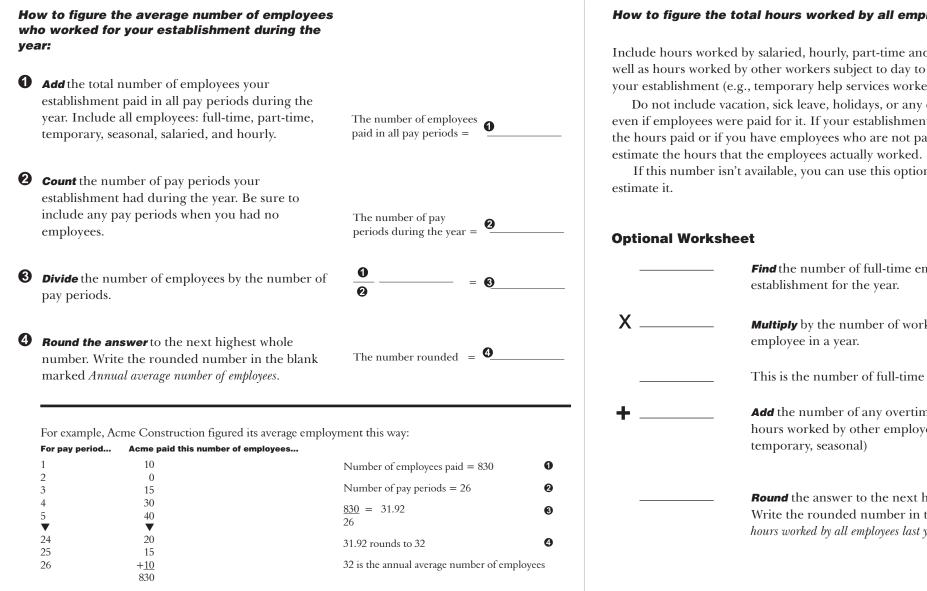
### Optiona

# Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.



#### How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please

If this number isn't available, you can use this optional worksheet to

Find the number of full-time employees in your

*Multiply* by the number of work hours for a full-time

This is the number of full-time hours worked.

Add the number of any overtime hours as well as the hours worked by other employees (part-time,

**Round** the answer to the next highest whole number. Write the rounded number in the blank marked Total hours worked by all employees last year.

Department of Lab ational Safety and Health Admi

## OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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

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 record keeping rule, for further details on the access provisions for these forms.

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
(G)	(H)	(I)	(J)
Number of D	Jays		
Total number of da from work		otal number of days of job ansfer or restriction	
(К)	_	(L)	
Injury and II	lness Types		
Total number of (M)			
) Injuries		(4) Poisonings	
		(5) Hearing loss	
) Skin disorders		(6) All other illnesses	
Respiratory condit	ions		

#### 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	
Street	
City St	ate ZIP
Industry description (e.g., Manufacture of motor true	k trailers)
Standard Industrial Classification (SIC), if know	n (e.g., 3715)
OR	
North American Industrial Classification (NAIC	CS), if known (e.g., 336212)
<b>Employment information</b> (If you don't Worksheet on the back of this page to estimate.) Annual average number of employees Total hours worked by all employees last year	have these figures, see the
Sign here	
Knowingly falsifying this document ma	y result in a fine.
I certify that I have examined this documen knowledge the entries are true, accurate, an	
Company executive	Title
( ) – Phone	/ / Date
Phone	Date