

# A01 – REQUIRED POSTER – OSHA’S FORM 300A

## Summary of Work-Related Injuries and Illnesses

1. PRINT **OSHA’S FORM 300A** LIKE SAMPLE BELOW
2. COMPLETE AND LAMINATE THE **OSHA’S FORM 300A**
3. POST **OSHA’S FORM 300A**
4. INSERT COPY WITH OTHER POSTERS

**OSHA's Form 300**  
**Log of Work-Related Injuries and Illnesses**

Year 01/01/2009 - 12/31/2009  
**U.S. Department of Labor**  
Occupational Safety and Health Administration

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related from work, or medical treatment beyond first aid. You licensed health care professional. You must also record through 1904.12. Feel free to use two lines for a single equivalent form for each injury or illness recorded on this

OSHA's Form 301  
**Injury and Illness Incident Report**

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20\_\_

**U.S. Department of Labor**  
Occupational Safety and Health Administration  
Form approved OSHA no. OHS-0170

**OSHA's Form 300A**  
**Summary 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 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
(a)	(b)	(c)	(d)
0058.0001.200			
0058.0001.200			
0058.0001.200			
0058.0001.200			

  

Number of Days	
Total number of days of job transfer or restriction	Total number of days away from work
(e)	(f)
0058.0001.200	
0058.0001.200	
0058.0001.200	
0058.0001.200	

  

Injury and Illness Types	
Total number of ... (g)	(h) All other illnesses
0058.0001.200	
0058.0001.200	
0058.0001.200	
0058.0001.200	

  

**Establishment information**

Your establishment name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of rubber, plastic and*) \_\_\_\_\_  
Standard Industrial Classification (SIC) (if known) (e.g., 2001210) \_\_\_\_\_

**Employment information** (If you don't have these figures, see the sheet on the back of this page to estimate.)  
Full-time 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.

\_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
Title \_\_\_\_\_

**Put 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 50 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0192-0107), Washington, DC 20503. Do not send this response to the office.

# SAMPLE

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

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