OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

U.S. Department of Labor

Occupational Safety and Health Administration

All establishments covered by Part 2104 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 2104.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

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Number of Cases			
Total number of deaths	Total number of cases with days away from work 20	Total number of cases with job transfer or restriction 15	Total number of other recordable cases
(G)	- (H)	<u>(I)</u>	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
428	_	556	
(K)		(L)	
Injury and Illness T	'ypes		
Total number of (M)			
(1) Injury	41	(4) Poisoning	0
(2) Skin Disorder	2	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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 instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3646, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

stabli	shment information			
You	ur establishment name <u>N</u>	C State University (Facilities)		
Str	eet 20 Watauga Club Driv	e - Holladay Hall		
Cit	y Raleigh	State	NC	Zip <u>27695</u>
Ind	lustry description (e.g., Man Education	ufacture of motor truck trailers)		
Sta	andard Industrial Classificati	on (SIC), if known (e.g., SIC 37	(15)	
R No	rth American Industrial Clas	sification (NAICS), if known (e.	g., 336212)	
	<u>6</u> <u>1</u> <u>1</u> .	3 1 0		
mplo	yment information			
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An	nual average number of em	ployees 989	_	
To yea	tal hours worked by all emp ar	loyees last 1,615,683	_	
i gn h Kn		cument may result in a fine.		
	ertify that I have examined t mplete.	his document and that to the be	est of my knowledge the entries	are true, accurate, and
	Dr. Amy Ord Company exec			AVC - EPEH Title
	919-515-52			1/27/25