

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

## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form 300A (Rev. 01/2004)

All establishments covered by Part 1904 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

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 case 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 1904.33, or OSHA's Recordkeeping rule, for further details on the access provisions for these

### 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 |
|------------------------|--|--|--|
| 0                      | 0  | 0  | 0                                      |
| (a)                    | (b)  | (c)  | (d)                                    |

### Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0                                   | 0   |
| (e)                                 | (f)   |

### Injury and Illness Types

| Total number of falls | Total number of other injuries and illnesses |     |
|-----------------------|--|-----|
| 0                     | 0  | 0   |
| (1)                   | (4)  | (5) |
| (2)                   | (3)  | (6) |
| (3)                   | (4)  | (5) |
| Condition             | (6)  | (7) |

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 30 minutes per response, including time to review the instruction, search existing data sources, gathering 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 currently valid OMB control number. If you have any comments concerning this collection of information, send them to Washington, DC 20503. Send comments to the Office of Management and Budget, Paperwork Project Director (0304-0001), Washington, DC 20503.

### Establishment information

Your establishment name WESTERN COAST WOOD PRODUCTS WOODWORKS, LLC

Street 1001 W. CHERRY AVE. SUITE 100

City PORTLAND, OREGON State OREGON Zip 97201

Industry description (e.g., Manufacture of motor truck bodies)  
WOODWORKS

Standard Industrial Classification (SIC), if known (e.g., SIC 3711)

NAICS North American Industrial Classification (NAICS), if known (e.g., 200210)  
200210

### Employment information

Annual average number of employees 12

Total hours worked by all employees last year 3071

### Sign here

*[Signature]*

Manufacturer/Supplier: This document is not valid for a fee.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Representative WESTERN COAST WOOD PRODUCTS WOODWORKS, LLC Title OWNER

Owner WESTERN COAST WOOD PRODUCTS WOODWORKS, LLC Title OWNER