

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

Summary of Work-Related Injuries and Illnesses



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 List to verify that the entries are

Using the Log, count the individual entries you made for each category. Then enter 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 1904.33. In 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
(D)	(DA)	(R)	(O)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(D)	(D1)

Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) All Other Illnesses
	0	0	0	0	0
	(I)	(S)	(R)	(P)	(A)

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 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 aspects of this data collection, contact: US Department of Labor, Office of Management and Information Systems, 200 Constitution Avenue, NE, Washington, DC 20046. The official website for this collection of information is www.dhs.gov.

Establishment information

Your establishment name Autism Village District 07000

Street 1000 Autism Village Drive

City Madison State Wisconsin Zip 53706

Industry description (i.e., Manufacture of motor truck bodies)
Autobuses

Standard Industrial Classification (SIC), if known (e.g., SIC 3712)
3712

NAICS, if known (e.g., NAICS 336212)
336212

Employment information

Annual average number of employees 30

Total hours worked by all employees last year 14,400

Sign here **Norm Henningsen**

Knowledge 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.

Name (Printed) _____ Facility Address _____
Company Telephone _____
Signature _____ Date _____