

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

Summary of Work-Related Injuries and Illnesses

Year 2025



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

Form approved OSHA no. 1216-176

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 make 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 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)	(A)	(R)	(S)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(A)	(R)

Injury and Illness Types

Total number of...	(M)	(I)	(P)	(H)	(O)
(1) Injury	0	(4) Poisoning	0		
(2) Skin Disorder	0	(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 30 minutes per response, including time to review the instructions, search existing data sources, 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 this burden estimate or any aspect of this data collection, including the OMB control number, OSHA Office of Statistics, Room 3000, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send comments to OSHA's

Establishment information

Your establishment name Chickadee Fitness Center
 Street 8775 W. Deer Station Way
 P.O. Box 70000 State WY P.O. 82400
 Industry description (e.g., Manufacturing of motor truck bodies)
Healthcare
 Standard Industrial Classification (SIC), if known (e.g., SIC 3731)
8062
 NA North American Industrial Classification (NAICS), if known (e.g., NAICS 80621)
80621

Employment information

Annual average number of employees 25
 Total hours worked by all employees last year 100,000

Sign here

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.

[Signature]
 Company Representative
774-225-2100 Phone 20250000 OSHA Form 300A