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

Summary of Work-Related Injuries and Illnesses

Year 20 __ __

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

Form approved OMB no. 1218-0176

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.

Establishment Information

Your establishment name _Jackson Nurse Professional_

Street _2301 Lucien Way St 325_

City _Maitland_ State _Fl_ ZIP _32751_

Industry description (e.g., Manufacture of motor truck trailers)
Temp Agency Healthcare

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
_561311_

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
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing loss	0
(6) All other illnesses	0

Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _63_

Total hours worked by all employees last year _119,720_

Sign here _Denise Carlson_

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.

Denise Carlson _VP Risk_
Company executive   Title

_407-308-_ _1/26/2020_
Phone   Date
_3948_

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 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Optional

Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

How to figure the average number of employees who worked for your establishment during the year:

❶ **Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods ❶ _____

❷ **Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year ❷ _____

❸ **Divide** the number of employees by the number of pay periods.

❶ _____ ÷ ❷ = ❸ _____

❹ **Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees.*

The number rounded ❹ _____

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees...
1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 ❶
Number of pay periods = 26 ❷
830 ÷ 26 = 31.92 ❸
31.92 rounds to 32 ❹
32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

_____ **Find** the number of full-time employees in your establishment for the year.

X _____ **Multiply** by the number of work hours for a full-time employee in a year.

_____ This is the number of full-time hours worked.

+ _____ **Add** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

_____ **Round** the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year.*