

# 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 Log 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
(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)	(N)	(O)	(P)
(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 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: U.S. Department of Labor, OSHA Office of Statistics, Room 3000, 200 Constitution Ave. NW, Washington, DC 20210. Do not send comments to forms@forms.gov.

### Establishment information

Your establishment name Chassis Assembly  
 Street 303 Tynes center drive  
 City Stoughton State Massachusetts Zip 01970  
 Industry description (e.g., Manufacture of motor truck bodies)  
Chassis Assembly  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3719)  
3719  
 North American Industrial Classification (NAICS), if known (e.g., NAICS 336211)  
336211

### Employment information

Annual average number of employees 20  
 Total hours worked by all employees last year 33672

Sign here Kevin Douglas Stone

Knowledge that 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.

OSHA Form 300A  
 Company Name  
 OSHA Form 300A  
 Date