

# OSHA Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 20 \_\_\_\_\_



All establishments covered by OAR 437-001-0700 must complete this Summary of Work-Related Injuries and Illnesses, 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 DCBS Form 801 or its equivalent. Read OAR 437-001-0700(21).

### Number of cases

Total number of deaths

Total number of cases with days away from work

Total number of cases with job transfers or restriction

Total number of other recordable cases

\_\_\_\_\_  
(G)

\_\_\_\_\_  
(H)

\_\_\_\_\_  
(I)

\_\_\_\_\_  
(J)

### Number of days

Total number of days away from work

Total number of days of job transfer or restriction

\_\_\_\_\_  
(K)

\_\_\_\_\_  
(L)

### Injury and illness types

Total number of ...  
(M)

(1) Injuries

(2) Skin disorders

(3) Respiratory conditions

\_\_\_\_\_  
(4) Poisonings

\_\_\_\_\_  
(5) Hearing loss

\_\_\_\_\_  
(6) All other illnesses

**Keep this summary posted from Feb. 1 to April 30 of the year following the year covered by this form.**

### Establishment information

**Your establishment name:** \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Industry description

(e.g., manufacturer of motor truck trailers)

### North American Industrial Classification System (NAICS)

if known (e.g., NAICS 4441)

**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 \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

**Sign here** \_\_\_\_\_

*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.

The highest ranking manager at the location where the Log is compiled must sign the OSHA Form 300A.

\_\_\_\_\_  
Company executive (highest ranking manager)

\_\_\_\_\_  
Title

Phone: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_