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

Summary of Work-Related Injuries and Illnesses



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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 1904.35, in OSHA's Record

Number of Cases			
Total number of deaths	Total number of cases with days away from work 8	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	manaya wa kata a ka
64 (K)	-	0 (L)	-
Injury and Illness 1	ypes		
Total number of (M)			
(1) Injury	14	(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 58 minutes per response, including time to review the instruction, 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. OSHA Office of Statistics. Room N-3644, 200 Constitution Ave. NW. Washington. DC 20210. Do not send the completed forms to this office.

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Establ	lishment informatio	n	•		
Yo	our establishment name	Robbinsville Boa	ard of Education		
St	reet 155 Robbinsville E	dinburg Road			
Ci	ty Robbinsville		State	NJ	Zip8691
łn	dustry description (e.g., N Public School Distr		or truck trailers)		y and the latest and the same of the same
St	andard Industrial Classifi	cation (SIC), if know	wn (e.g., SIC 3715)		
OR No	orth American Industrial (Lassification (NAIC	CS), if known (e.g., 336	3212)	
Emplo	yment information				
.mpic	yment miorilation				
Ar	nual average number of	employees	368		
	otal hours worked by all e ear	mployees last	422,940		
Sign h	iere				
	nowingly falsifying this	document may re	esult in a fine.		
	certify that I have examine omplete.	ed this document a	nd that to the best of m	ny knowledge the entries	are true, accurate, and
	Beth Br	vohr			SBA
	Company e	xecutive	and the state of t		Title
60	09-632-0910				26-Jan-18
	Pho	ne			Date