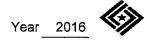
OSHA's Form 300A (Rev. 01/2004)

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	Total number of cases with job transfer or restriction	Total number of other recordable cases	
0	3	0	3	
(G)	(H)	(1)	(J)	
Number of Days				
Total number of days away from		Total number of days of job transfer or restriction		
38		0		
(K)	_	(L)	-	
Injury and Iliness	ypes			
Total number of (M)				
(1) Injury	6	(4) Poisoning	0	
(2) Skin Disorder(3) Respiratory	0	(5) Hearing Loss	0	
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.

							
Sta	blishı	nent information					
	Your e	stablishment name Robbinsy	ville Board of Education				
	Street	155 Robbinsville Edinburg Ro	ad				
	City	Robbinsville	State	NJ	Zip _	8691	
	Industr	y description (e.g., Manufacture Public School District	e of motor truck trailers)				
	Standa	rd Industrial Classification (SIC), if known (e.g., SIC 3715)				
ЭR	North A	th American Industrial Classification (NAICS), if known (e.g., 336212)					
≛mp	loym	ent information					
	Annual	average number of employees	364		·		
	Total h year	ours worked by all employees l	est424,092				
ign	here						
	Knowi	ngly falsifying this documen	t may result in a fine.		·		
	l certify	that I have examined this docu	ument and that to the best of n	ny knowledge the entries	are true, accurate, a	nd	
-	Be	th Broks Company Executive	<u></u>	School B	usiness Administrato Title	r	
-		609-632-0910 (2201)	·	- And Address of the Control of the	31-Jan-17		
		Phone			Date		