#### OSHA'S Form 300 (Rev. 01/2004)

## Log of Work-Related Injuries and Illnesses

possible while the information is being used for occupational safety and health purposes. employee health and must be used in a manner that protects the confidentiality of employees to the extent Attention: This form contains information relating to



Form approved OMB no. 1218-0176

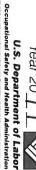
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#### OSHA's Form 300A (Rev. 01/2004)

# Summary of Work-Related Injuries and Illnesses





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 entires 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

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

Number of Cases	Ises		
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
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1) Injuries 2) Skin disorders		(4) Poisonings (5) Hearing loss (6) All other illnesses	й 
3) Respiratory conditions	ons		

### 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 50 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.

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#### 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 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

had no cases, write "0" 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

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Number of Days  Total number of days away from work  (K)  (I)  (J)  (J)  (J)  (J)  (J)  (J)  (J	Types  Types  The part of the	Number of Cases  Total number of Total number	
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#### OSHA's Form 300 (Rev. 01/2004)

## Log of Work-Related Injuries and Illnesses

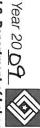
**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



the instructions, search and gather the data needed, and complete and receive the collection of informations. Fersons are not required to respond to the collection of information thermation 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 Stansifical Analysis, Room N.3644, 200 Canstitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.	Public renorms burden for the collection of references a serious description.																	e Employee's name Jo	(A) (B) (C)	Identify the person	form If you're not sure whether a case is recordable, call your local OSHA office for help.	care professional You must also record work-related injuries and illnesses that meet any of the specific recording critical are diagnosed by physical or incensed neutrino care professional You must also record work-related injuries and illnesses that meet any of the specific recording critical state in 29 CFR Part 1904 B though 1904 to relative the tree to use the conditional state of the specific recording critical state of the professional state of the specific recording critical state of the professional You must also record work-related in injuries. The professional You must also record work-related injuries and illnesses that meet any of the specific recording critical are displayed by the professional your professional and the professional your professional your professional and the professional your prof	You must record information about every work-related death and about every work-related injury or lilness that involves loss of consciousness, restricted work activity or job transfer, days away from work or medical treatment beyond first aid. You must also record sciouliness that involves loss of consciousness, restricted work activity or job transfer.
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Page L of	Ь Ь	days days	days days	days	days days	days dave	days days	(K) (L)			days the injured or ill worker was:	Enter the number o		on youngsuille	Establishment name HUQNi								
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#### 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

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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

its equivalent. See 29 CFR Part 1904 35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms 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

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Total number of T deaths c. (G)	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases (J)	
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2) Skin disorders 3) Respiratory conditions	<b>p</b> p	(5) Hearing loss (6) All other illnesses	bk	

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Public reporting burden for this collection of information is estimated to average 50 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 an comments about those estimates or any other appears 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.

Knowingly falsifying this document may result in a fine.  I certify that I have examined the document and that to the best of my knowledge the entries are transparent facturate, and complete.  Ed 5, Hes Owner Company recursor  [1] 1570-28/62 ext, 302	Employment information (If you don't have these figures, see the Worksheer on the back of this page to estimate.)  Annual average number of employees  Total hours worked by all employees last year  14560	Standard Industrial Classification (SIC), if known (e.g., 3715)  OR  North American Industrial Classification (NAICS), if known (e.g., 336212)	Festablishment information  Your establishment name OSKOC Air Aroducts  Street 95 Cypress Drive  City Youngswille State Nezip 27596  Industry description (e.g., Manufacture of insiter mack trailers)

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

## Log of Work-Related Injuries and Illnesses

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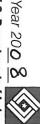
U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904 8 through 1904 12. Feel free to	ath and about every world You must also recording and illnesses that m	k-related injury or illness that invo I significant work-related injuries seet any of the specific recording	es loss of consciousness, restricted work activity or job tre of illnesses that are diagnosed by a physician or licensed riteria listed in 29 CFR Part 1904 8 through 1904 12. Feel I	ansfer health free to				Establishment name DSKA	Form approved OMB no 1218-0176
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Identify the person	Describe the case	the case		Class	Classify the case	case			THE RESERVE AND THE PERSON NAMED IN
(B) e Employee's name	(D) Date of injury		(F) Describe injury or illness, parts of body affected,	CHECK OF based on that case:	K ONLY O	CHECK ONLY ONE box for each case based on the most serious outcome I that case:	CHECK ONLY ONE box for each case based on the most serious outcome for that case:	Enter the number of days the injured or ill worker was:	Check the "Injury" column or choose one type of illness:
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#### 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

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Number of Cases	es			
Total number of deaths  (G)	Total number of cases with days away from work  (H)	Total number of cases with job transfer or restriction	Total number of other recordable cases (J)	
Number of Days	78	THE RESIDENCE OF THE		
Total number of days away from work  (K)		Total number of days of job transfer or restriction  (L)		
Injury and Illness Types	ess Types			
Total number of (M) 1) Injuries 2) Skin disorders 3) Respiratory conditions		(4) Poisonings (5) Hearing loss (6) All other illnesses	p 00	

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

## Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to occupational safety and health purposes. possible while the information is being used for employee health and must be used in a manner that protects the confidentiality of employees to the extent

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

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form. If you're not sure whether a case is recordable, call your local OSHA office for help	rdable, call your local OSHA	office for help	form. If you're not sure whether a case is recordable, call your local OSHA office for help	J OH WIS				on Youngsville state NC	C State NC
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no.	(e.g., Welder) or onset of illness	(e.g., Loading dack north end)	and object/substance that directly injured or made person ill (e.g., Second degree burns on			Remain	Remained at Work		ery L
			right forearm from acetylene torch)	Death	Days away from work	Job transfer or restriction	Other record-	Away On Job from transfer or work restriction	Injury  Skin disc  Respirate condition  Poisonin  Hearing  All other
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