



# OSHA Form 300A

## Summary of Work-Related Injuries and Illnesses

**Year 20**

Department of Consumer & Business Services  
Oregon Occupational Safety & Health Division (OR-OSHA)

Form approved OMB no. 1218-0176

All establishments covered by OAR 437-001-0700 must complete this Summary, 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, write the totals below, make sure you've added the entries from every page of the *Log*. If you haven't had any 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. See OAR 437-001-0700(20)

### 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
_____	_____	_____	_____
(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
_____	_____	_____	_____	_____	_____	_____

### Establishment Information

Your establishment name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacturer of motor truck trailers*) \_\_\_\_\_  
Standard Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

**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.

\_\_\_\_\_  
*Company Executive* *Title*

Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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