

Summary of Work-Related Injuries and Illnesses



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.

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 Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

You may reach our VIP Customer Care Hotline
Tuesday through Friday between
8 A.M. and 6 P.M.
Monday through Saturday
8 A.M. through 1 P.M.
Or dial our local number at 631-617-3060.
Our Reservations department is available at
631-617-5060, Tuesday through Saturday
between 2 A.M. and 5 P.M.
Or Sunday and Monday between
2 A.M. and 9 A.M.
Our local Reservations department number is
631-617-5060. If you have trouble dialing the
number please contact your operator and have
them dial the number.

Number of Cases

Juiced Demo

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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info@juicedtech.com

(G)

(H)

(I)

(J)

464887843

Number of Days

Total number of days away	Total number of days of job transfer or restriction
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JT898B101

(K)

(L)

9/24/2014

Injury and Illness Types

Total number of ...

10/2/2014

(M)

- | | | | |
|----------------------------|-------|-------------------------|-------|
| (1) Injuries | _____ | (4) Poisonings | _____ |
| (2) Skin disorders | _____ | (5) Hearing loss | _____ |
| (3) Respiratory conditions | _____ | (6) All other illnesses | _____ |

7 Days 6 Nights:

Premium Hotel Orlando at Summer Bay Resort

3 Days 2 Nights:

Bananas Cruise (No Land Accommodations)

4 Days 3 Nights:

East Coast Central Florida Beach

5 Days 4 Nights:

Mexico (Bonus)

1 Week Economy Car Rental

Please report this collection of information is estimated to average 58 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 questions that relate to this information 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.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American 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 _____

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Phone Date