OSHA's Form 300A Summary of Work-Related Injuries and Illnesses



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

Form approved OMB no.	1218-0176

VI actablichmente	covered by Part	1004 must	complete this	Summani naga	even if no injuries	0
						UI
Inesses occurred	auring the year.	Remember	to review the	Log to verify the	at the enthes are	

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 Recordkeeping rule, for further details on the access provisions for these

Number of Cases

Total number of deaths	Total number of cases with days away	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(1)	(J)

Number of Days

Total number of days of job transfer or	Total number of days away from work
11	0
(K)	(L)

Injury and Illness Types

Total number of			
(M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) All other illnesses	0
(3) Respiratory Condition	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 50 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

Establishment information					
Your establishment name Service FM LLC					
Street 3017 Oakland Ave					
City Nashville	State	TN	Zip	37212	
Industry description (e.g., Manufacture of motor tr Building Cleaning and Maintenance					
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)				
Employment information					
Annual average number of employees	17				
Annual average number of employees 4 Total hours worked by all employees lastyear	17 34,215.00				
Annual average number of employees	215.00				
Annual average number of employees Total hours worked by all employees last year Sign here	215.00 fine.	f my knowle	dge the e	entries are	
Annual average number of employees 4 Total hours worked by all employees last year Sign here Knowingly falsifying this document may result in a	215.00 fine.	f my knowle		entries are	
Annual average number of employees Total hours worked by all employees last year Sign here Knowingly falsifying this document may result in a I certify that I have examined this document and the true, accurate, and complete.	215.00 fine.	f my knowle	HR D		