OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year -202 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 and accurate

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 forms.

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	0	0	0
(G)	(H)	(1)	(J)

Number	of	Days
--------	----	------

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

Injury	and	Illness	Types
--------	-----	---------	-------

170

Total number of .. (M) (4) Poisoning (1) Injury 0 (2) Skin Disorder 0 (5) Hearing Loss (3) Respiratory Condition 0 (6) All Other Illnesses Ω

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.

Your	establishment name Concrete	North, Inc.		
Street	10274 Iron Rock Way			
City	Elk Grove	State	CA	Zip95632
Indus	try description (e.g., Manufacture	of motor truck trailers)		
Stand	ard Industrial Classification (SIC), i	f known (e.g., SIC 3715)		
R North	American Industrial Classification	(NAICS), if known (e.g., 336212)	
	2 3 8 1			
noloum	ent information			
	al average number of employees	145		
Total year gn here	hours worked by all employees la	st		
Total year gn here Know I certi comp	hours worked by all employees la	st267556 UHTOD may result in a fine.	knowledge the entries are to	
Total year gn here Know I certi comp	hours worked by all employees la wingly talsifying this document i fy that I have examined this docur lete.	st267556 UHTOD may result in a fine.	knowledge the entries are tr	Office Manger
Total year gn here Know I certi comp	hours worked by all employees la	st267556 UHTOD may result in a fine.	knowledge the entries are to	
Total year gn here Know I certi comp Jennit	hours worked by all employees la wingly talsifying this document i fy that I have examined this docur lete.	st267556 UHTOD may result in a fine.	knowledge the entries are tr	Office Manger