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



Form approved OMB no. 1218-0176

**Summary of Work-Related Injuries and Illnesses** 

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  0 (G)	Total number of cases with days away from work 10	Total number of cases with job transfer or restriction 9 (I)	Total number of other recordable cases  4 (J)		
Number of Days					
Total number of days away from		Total number of days of job transfer or restriction			
145		215			
(K)	_	(L)			
Injury and Illness T	Types				
Total number of					
(1) Injury	23	(4) Poisoning	0		
(2) Skin Disorder	0	(5) Hearing Loss	0		
(3) Respiratory	•	(O) All Other Illegence			
Condition	0	(6) All Other Illnesses	2		

Post this Summary page from February 1 to April 30 of the year following the year covered by the

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

Establishment infor	mation						
	Your establishment name IMCOM F	READINESS DIRECTORATE FORT CA	MPBELL				
	Street 39 NORMANDY BLVD						
	City FORT CAMPBELL	State	KY	Zip 42223			
	· ·						
	Industry description (e.g., Manufacture U.S. ARMY GARRISON	e of motor truck trailers)					
	Standard Industrial Classification (SIC),	if known (e.g., SIC 3715)					
	9 7 1 1						
OR	North American Industrial Classification	n (NAICS), if known (e.g., 336212)					
Employment inform	ation						
	Annual average number of employees	1826					
	Total hours worked by all employees la	ast					
	year	3,625,000					
Sign here							
ngir nere							
	Knowingly falsifying this document may result in a fine.						
	I certify that I have examined this docu	ument and that to the best of my k	knowledge the entries are	e true, accurate, and			
	complete.						
	ANDREW Q. JORDAN, COL  Company executive			COMMANDER Title			
	(270) 798-9921 Phone			Ø1/31/202			
	Phone			Date			