

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.

Number of Cases

Number of Days

Injury and Illness Types

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

<i>Establishment Information</i>	
Your establishment name	NIHBC 33 - C.W. Bill Young Center
Street	
City	State Zip
Industry description	(e.g. <i>Manufacture of motor truck trailers</i>)
Standard Industrial Classification (SIC), if known	(e.g., 336212)
OR North American Industrial Classification (NAICS), if known.	(e.g., 336212)
<i>Employment Information</i>	
(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	
<i>Sign here</i>	
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