OSHA's Form 300a

Summary of Work-Related Injuries and Illnesses

Year 2016
U.S. Department of Labor
Occupational Safety and Health Administration

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

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)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total Number of ...
(M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illness	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 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 comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information found on page 2 of this document.

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Summary of Work-Related Injuries and Illnesses

Year

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

Establishment Information

Your establishment name Hammond, IN

Street 3200 Sheffield Ave..

City Hammond State IN ZIP 46327

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

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

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

4 9 3 1 1 0

Employment Information (If you don't have these figures, see the OSHA Form 300A Worksheet to estimate.)

Annual average number of employees	8
Total hours worked by all employees last year	16000

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.

Douglas Parrish, PhD PARRISH.DOUGLAS.K.1038015385 Digitally signed by PARRISH.DOUGLAS.K.1038015385 Date: 2017.01.26 14:50:22 -05'00' Staff Director, Occupational Safety and Health (DS-O)

Company Executive Title

(703) 767-6276 01/26/2017

Phone Date