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

Summary of Work-Related Injuries and Illnesses



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

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 5 (H)	Total number of cases with job transfer or restriction 12 (I)	Total number of other recordable cases 10 (J)	
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
16 (K)	-	326 (L)		
Injury and Illness 1	ypes			
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory	26 0	(4) Poisoning (5) Hearing Loss	0	
Condition	0	(6) All Other Illnesses	0	

Esta	ablishr	nent information	ı		, a		
	Your e	stablishment name	UNC Charlotte	ē.			
	Street 9201 University City Blvd.						
	City	Charlotte		State	NC	Zip 28223	
	Industr	y description (e.g., M Educational Insti		truck trailers)			
	Standa	rd Industrial Classific	cation (SIC), if knowr	ı (e.g., SIC 3715)			
OR	North A), if known (e.g., 3362	12)		
		61	<u> 3 1 </u>	0			
Emp	ployme	ent information	,				
		al average number on nours worked by all		7,085 9,541,667			
Sig	n here Knowi	ngly falsifying this	document may resu	ult in a fine.			
		fy that I have examule, accurate, and		ent and that to the	e best of my know	wledge the entries	
		Richard	Amon			VC Business Affairs	
		Company e				Title	
		704-687 Phor				1/26/2Z	

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.