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

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	_ 1	0	5	
(G)	(H)	(1)	(J)	
Number of Days			40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
Total number of days away from work		Total number of days of job transfer or restriction		
1		0		
(K)	(L)			
Injury and Illness	Types			
Total number of (M)				
(1) Injury ´	6	(4) Poisoning	0	
(2) Skin Disorder	0	(5) Hearing Loss	0	
(3) Respiratory Condition	0	(6) All Other Illnesses	0	
		(U) Au Outel IIIIesses	U	

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 settinates 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.

Establis	shment information			
You	ur establishment name Niag	ara County Community College		
Stre	eet 3111 Saunders Settlemen	t Road		
City	Sanbor	State	NY	Zip 14132
Indu	ustry description (e.g., Manufa Higher Education	cture of motor truck trailers)		
Star	ndard Industrial Classification	(SIC), if known (e.g., SIC 3715)		
OR Nor	th American Industrial Classific	 cation (NAICS), if known (e.g., 3362	212)	
Employ	ment information			
	nual average number of employ al hours worked by all employe r			
Sign he				
I ce	owingly falsifying this document of the company executive phone	document and that to the best of m	/ knowledge the entries ar	re true, accurate, and Ness Lent Title 1/31/2073