OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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 from 301 or its equivalent. See 29 CFR 1904.35, in OSHA Recorde

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)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0		0	
(K)	-	(L)	3
Injury and Illness	Types		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	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 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 CMB contrib number. If you have any comments about these estimates or any appeated of this data collection, control unless of Libbor, OSHA Office of Statistics, Room N-SG44, 200 Constitution Ave, NW, Westington, DC 20210. Do not send the completed forms to this office.

stablish	ment in	format	tion								
Your	establishm	ent nam	ne EC	CO-FIRS	ST, Inc.		200,000,000				
Street	t 3 Harve	st View I	Drive						7		2 10 10
City	Lesage					State	W	est Virginia		Zip	25537
										_	
Indus	Environ				of moto	r truck trailers)					
Stand	lard Indust	rial Clas	sificatio	on (SIC).	if know	m (e.g., SIC 3715)	i.				
	4	9	5	5							
R North	American	Industria	al Class	sification	(NAIC	S), if known (e.g.,	336212)				
	5	6	2	9	1	0					
A. A.	nent info al average			oloyees		5					
Annu		number	r of emp		st	5 8770					
Annu	al average hours worl	number	r of emp		st						
Annua Total year	al average hours work	number ked by a	r of emp	oyees la:	5						
Annua Total year ign here Know	al average hours work e	number	r of emplo	oyees la:	may res	8770	of my knowl	ledge the entried	s are true	, accurate, a	and
Annua Total year ign here Know	al average hours work e wingly fals fy that I ha lete.	number	r of emplo	oyees la:	may res	8770 sult in a fine.	of my knowl	edge the entrie	is are true,	, accurate, a	
Annua Total year ign here Know	al average hours work e wingly fals fy that I ha late. L. Tomes	number	r of emplo	oyees le	may res	8770 sult in a fine.	of my knowle	ledge the entrie	es are true.	Presiden	
Annua Total year ign here Know	al average hours work e wingly fals fy that I ha late. L. Tomes	number ked by a lifying th	r of emplo	oyees le	may res	8770 sult in a fine.	of my knowl	edge the entrie	es are true;	Presiden	t