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

Number of Coose

## **Summary of Work-Related Injuries and Illnesses**



Date

## 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 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 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 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases  0 (J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	
Injury and Illness T	ypes		
Total number of (M)			
<ul><li>(1) Injury</li><li>(2) Skin Disorder</li><li>(3) Respiratory</li></ul>	0	<ul><li>(4) Poisoning</li><li>(5) Hearing Loss</li></ul>	0 0
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 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.

stablish	ment informat	tion							
Your e	stablishment nam	e Burt Cra	ine and F	Rigging					
Street	5 Veterans Mem	norial Drive							
City	Green Island			State		NY		Zip	12183
Industr	ry description (e.g Crane rental witl				,	ng, storage, fabric	ation	· -	
Standa	ard Industrial Clas	sification (SI	C), if know	vn (e.g., SIC 3	3715)				
OR North	American Industria	al Classificati	on (NAIC	S), if known (e	e.g., 336212)				
		8 9	9	0					
mploym	ent informatio	on							
Annua	l average number	of employee	s	on file at offic	<u>ce</u>				
Total h year	nours worked by a	II employees	last	on file at offic	ce_				
ign here									
Knowi	ingly falsifying tl	his documer	it may re	sult in a fine.					
I certify comple	Bridget	-A Huba		nd that to the b	pest of my kn	owledge the entri	es are true, a	CE	<b>=</b> 0
	Cempan	y executive						Ti	tle
518-271-6858								01/0	16/23