

# Summary of Work-Related Injuries and Illnesses

Year 20 15

Form approved OMB no. 1218-0176

Facility . . . . .

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 0 (G)      Total number of cases with days away from work 0 (H)      Total number of cases with job transfer or restriction 7 (I)      Total number of other recordable cases 5 (J)

## Number of Days

Total number of days away from work 0 (K)      Total number of days of job transfer or restriction 182 (L)

## Injury and Illness Types

Total number of . . . . . (M)

(1) Injuries 13      (4) Poisonings 0

(2) Skin disorders 0      (5) Hearing loss 0

(3) Respiratory conditions 0      (6) All other illnesses     

## Establishment information

Your establishment name AC CORPORATION  
 Street 301 CREEK RIDGE ROAD  
 City GREENSBORO State NC ZIP 27406-44

Industry description (e.g., *Manufacture of motor truck trailers*)  
HEATING/AIR CONDITIONING  
 Standard Industrial Classification (SIC), if known (e.g., 3715)  
    

OR  
 North American Industrial Classification (NAICS), if known (e.g., 336212)  
2 3 8 2 1 0

## Employment information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 403  
 Total hours worked by all employees last year 870,502

**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.

William Blaine Safety Dir  
 Company executive      Title  
336 273-4472      1-25-16  
 Phone      Date

**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 aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3654, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.