OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

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'.

Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>24</td>
<td>12</td>
<td>212</td>
</tr>
</tbody>
</table>

Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>539</td>
<td>665</td>
</tr>
</tbody>
</table>

Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of...</th>
<th>(M)</th>
<th>(N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>212</td>
<td>0</td>
</tr>
<tr>
<td>(2) Skin Disorders</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>2</td>
<td>24</td>
</tr>
</tbody>
</table>

Establishment information

You establishment name: Environment, Health and Safety Department
Street: 1120 Estes Drive Extension, CB#1650
City: Chapel Hill
State: NC
ZIP: 27599-1650

Industry description: (e.g., Manufacture of motor truck trailers)

University:

Standard Industrial Classification (SIC), if known: (e.g., SIC 3713)
North American Industrial Classification (NAICS), if known: (e.g., 336212)

Employment information

Annual average number of employees: 21,816
Total hours worked by all employees last year: 30,213,646

Sign here

Knowingingly 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.

Workshop Supervisor

Company seal

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