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

Year 2024

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.

Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(H)	(1)	(J)
	Total number of days of job transfer or restriction	
-	(L)	- 4
ypes	A STATE OF	
7	(4) Poisoning	0
0	(5) Hearing Loss	0
0	(6) All Other Illnesses	0
	cases with days away from work 2 (H)	cases with days away from work 2 (H) Total number of days of job transfer or restriction 0 (I) Total number of days of job transfer or restriction 0 (L) (ypes) (4) Poisoning (5) Hearing Loss

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 information	1			
Your e	stablishment name	Robbinsville Boa	ard of Education		
Street	155 Robbinsville Ed	linburg Road			-
City	Robbinsville		State	NJ	Zip <u>8691</u>
Industi	ry description (e.g., M Public School Distri		or truck trailers)		
	ard Industrial Classific 8 2 American Industrial C	11		36212)	
IV NOIGI	6 1	•		002.127	
nnlovm	ent information				
	I average number of nours worked by all e	•	509		
_{year} gn here	nut ma	uh	714,528		
Кпож	ingly falsifying this	document may re	esult in a fine.		
l certifi comple		d this document a	nd that to the best of	f my knowledge the entries a	ire true, accurate, and
Nick M	fackres Company e	xecutive			SBA Title
609-6	32-0910 Ext 2203 Phor	ne			Date