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

Log of Work-Related Injuries and Illnesses

injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office injuries and ilinesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor

u.S. Department

beyond first aid You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment Occupational Safety and Health Administration Form approved OMB no. 1218-0176

Establishment name The Winter Construction Company

City Atlanta State Georgia

Identify the person (B) Employee's Name	(C) Job Title (e.g.,	(D)	Describe the case (E) Where the event occurred (e.g., Describe)	case Describe injury or illnes	PLEA		100		Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case.	Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case.	Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case.	Classify the case Enter the number of days the injured or ill the most serious outcome for that case.	Classify the case Enter the number of days the injured or ill the most serious outcome for that page.	Classify the case Enter the number of days the injured or ill the most serious outcome for that page.	Classify the case Enter the number of days the injured or ill the most serious outcome for that case.	Classify the case Enter the number of days the injured or ill Check the "injury" co
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Public reporting burden for this collection of information is estimated to average 14 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.

Page

1 of 1

3

(2)

(3)

4

(5)

Injury

Skin Disorde Respiratory

Condition

Poisoning

Hearing Loss

All other illnesses

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

Summary of Work-Related Injuries and Illnesses

Occupational Safety and Health Administration U.S. Department of Labor

Form approved OMB no. 1218-0176

Year

2019

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."

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

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	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)		
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
(X)		(L)	
njury and Illness Types	ypes		
Fotal number of (M)			
1) Injury	0	(4) Poisoning	0
 Skin Disorder Respiratory 	0	(5) Hearing Loss	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 59 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 waited (NE 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.

(404) 456-9717 Phone	Tim Thomas Company executive	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	Knowingly falsifying this document may result in a fine.	Sign here	Total hours worked by all employees last 534,787	Annual average number of employees 230	Employment information	OR North American Industrial Classification (NAICS), if known (e.g., 336212) 236220	Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	Industry description (e.g., Manufacture of motor truck trailers) Construction	City Atlanta State	Street 5616 Peachtree Road, Suite 100	Your establishment name
1/28/2020 Date	VP of Risk Management Title	nowledge the entries are true, accurate, and									Georgia Zip 30341		