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



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.

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 0	Total number of other recordable cases								
(G)	(H)	(1)	(J)								
Number of Days											
Total number of days away from		Total number of days of job transfer or restriction									
0 (K)	-	0 (L)									
Injury and Illness Types											
Total number of											
(1) Injury ´	0	(4) Poisoning	0								
(2) Skin Disorder	0	(5) Hearing Loss	0								
(3) Respiratory 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.

Esta	ablishi	ment information	l				
	Your e	stablishment name	The Winter Cons	truction Company			
Street 5616 Peachtree Road, Suite 100							_
	City	Atlanta		State	GA	Zip303	341
	Industr	y description (e.g., M General Contractor	anufacture of moto	or truck trailers)			
	Standa	ard Industrial Classific	ation (SIC), if know	wn (e.g., SIC 3715)			
R	North A	American Industrial C 236220	lassification (NAIC & 562910	S), if known (e.g., 3	36212)		
mp	oloyme	ent information					
		average number of o		203 499,730			
igr	n here						
	Knowi	ngly falsifying this o	locument may res	sult in a fine.			
	I certify	that I have examine	d this document ar	nd that to the best o	f my knowledge the entries ar	e true, accurate, and comple	te.
		Company E	xecutive			VP Risk Manageme	ent
		(404) 456				1/14/2021	
		Phor	е			Date	