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 and accurate

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 Record

Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 7 (H)	Total number of cases with job transfer or restriction 3 (I)	Total number of other recordable cases 11 (J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
84 (K)		37 (L)	
Injury and Illness Type	es		
Total number of (M) (1) Injury	14	(4) Poisoning	0
(2) Skin Disorder(3) RespiratoryCondition	0	(5) Hearing Loss (6) All Other Illnesses	6

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.

	our establishment name Perry Town	ship Schools		
St	treet 6548 Orinoco Ave			
Ci	ity Indianapolis	State	IN	Zip 46227
In	dustry description (e.g., Manufacture of School	motor truck trailers)		
St	tandard Industrial Classification (SIC), if	known (e.g., SIC 3715)		
DR No	orth American Industrial Classification (N	AICS), if known (e.g., 33621	2)	
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mnlo	yment information			
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Ar	nnual average number of employees	2183		
т.		2007272		
10	otal hours worked by all employees last y	year <u>3807272</u>		
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Kı	nowingly falsifying this document may	result in a fine.		
Ιc	certify that I have examined this docume omplete.	ent and that to the best of m	knowledge the entries are	e true, accurate, and
				HR Director
co	haron K Baker			
co	haron K Baker Company executive			Title
Sł				