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

Summary of Work-Related Injuries and Illnesses



Occupational Safety and Health Administration

Form approved OMB no. 1218-0178

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 Recordiceping rule, for further details on the access provisions for these forms.

Number of Cases							
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases 0 (J)				
Number of Days							
Total number of days away from work		Total number of days of job transfer or restriction					
0 (K)	.	(r) 0	e				
Injury and Illness 1	Types						
Total number of (M)	0	(4) Poissois					
(1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning (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 S0 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, Washinoton, DC 20210. Do not send the completed forms to this office.

En saussanu i i i		
Establishment information	a	
Your establishment name Cattr	ell Companies, Inc.	
Street 906 Franklin St.,	P.O. Box 367	
CMy Toronto	State Ohio	Zip 43964
Industry description (e.g., Manufacture of m Com./IndConstruct	otor truck trailers) ion, Electrical, HVAC & Plumb	ping
	11, 1731	
OR North American Industrial Classification (NA 2 3 6 2 2		
Employment information		
Annual average number of employees	63	
Total hours worked by all employees last year	128,127	
Sign here	¥	
Knowingly falsifying this document may r	esult in a fine.	
I certify that I have examined this document a complete.	and that to the best of my knowledge the entries are tru	e, accurate, and
Christine Cattrell Hargrave		President
Company executive		Title
740-537-2481		1/7/2020
Phone	== = =	Date

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

Log of Work-Related Injuries and Illnesses

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.

Establishment name



Occupational Safety and Health Administration

Cattrell Companies, Inc.

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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 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 imjuries and filmesses that meet any of the specific recording criteria listed in 29 CFR 1904.6 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an 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

								City	Toronto			State	01	hio			
Identify the person Describe the case		Class	ify the cas	e Man				EL VI		O + us			FINE I				
(A) (B) Case Employee's No.	(B) Employee's Name	Welder)	(D) Date of Where the event occurred (e.g. injury or onset of	and object/substance that directly injured or made	CHECK ONLY ONE box for each case based on the most serious outcome for that case:			Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of							
			illness (mo./day)	.25	person ill (e.g. Second degree burns on right forearm from acetylene torch)		Days away from work	Nomen	ned at work	Away From Work (days)	On job transfer or restriction (days)	(M) runiu	Skin Disorder	Respiratory	Polsoning	Hearing Loss	All other Illnesses
								or restriction									1
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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					Page totals	0	0	0	0	0	0	0	0	0	0	0	0
					Be sure to transfer these totals	to the	Summary	page (Form	300A) before	you post	it.	کِ	5	\$ 5	2	9	se se

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.

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Skin Disorde

(3)