<table>
<thead>
<tr>
<th>Form</th>
<th>OSHA 300A (Rev. 01/2019)</th>
</tr>
</thead>
</table>

**Summary of Work-Related Injuries and Illnesses**

**Establishment Information**

- **Name of Establishment:** [Fill in the name]
- **Address:** [Fill in the address]
- **City:** [Fill in the city]
- **State:** [Fill in the state]
- **ZIP Code:** [Fill in the ZIP code]

**Injuries and Illnesses**

- **Total Number of Injuries and Illnesses:** [Fill in the total number]
- **Total Number of Days Away from Work:** [Fill in the total number]
- **Total Number of Days Restricted or Transferred:** [Fill in the total number]
- **Total Number of Days with Work Restriction or Transfer:** [Fill in the total number]
- **Total Number of Cases Resulting in Lost Work Time:** [Fill in the total number]
- **Total Number of Cases Resulting in Restricted Activity:** [Fill in the total number]
- **Total Number of Cases Resulting in Transfer:** [Fill in the total number]
- **Total Number of Cases Resulting in Medical Treatment:** [Fill in the total number]

**OSHA 300A Reporting Requirements**

- This form is required to be completed by employers to track and report work-related injuries and illnesses. It is submitted to OSHA annually on or before March 2nd.