

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.

Year

Form approved OMB no. 1218-0176

Establishment name

City _____ State _____

[illegible]

Page totals

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

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Annual average number of employees:	
Total hours worked by <u>all</u> employees last year (not just field employees):	