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

Summary of Work-Related Injuries and Illnesses

Year 2023

U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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 20 CFR Part 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	Total number of other recordable cases
0	0	1	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	20
(K)	(L)

Injury and Illness Types

Total number of ...
(M)

(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	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.

Establishment information

Your establishment name   Berrien Springs Public Schools - 11240

Street   One Sylvester Avenue

City   Berrien Springs   State   MI   ZIP   49103-1182

Industry description   (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known   (e.g., 3715)

___ ___ ___ ___

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
6   1   1   1   1   0

Employment information   (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees   _____

Total hours worked by all employees last year   _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive   _Director of HR_   Title

(269) 471-2891   Phone   5/7/2024   Date