



SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Michigan Department of Labor and Economic Growth
Michigan Occupational Safety and Health Administration (MIOSHA)
 Form Approved OMB No. 1218-0176

All establishments covered by Public Law of 1970 (P.O. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, 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. You may be fined for failure to comply.

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 MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R408.22135 Rule 1135, in MIOSHA'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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . .			
(M)			
(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

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 50 minutes per response, including time to review the instructions, 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 other aspects of this data collection, contact: Michigan Department of Labor & Economic Growth, MIOASHA, MTSD, 7150 Harris Dr., P.O. Box 30643, Lansing MI 48909-8143 • (517) 322-1848 • Do not send completed forms to this office.

Establishment Information		
YOUR ESTABLISHMENT NAME		
STREET		
CITY	STATE	ZIP CODE
INDUSTRY DESCRIPTION (e.g., Manufacture of motor truck trailers)		
STANDARD INDUSTRIAL CLASSIFICATION (SIC), IF KNOWN (E.G., SIC 3715)		
Employment Information		
ANNUAL AVERAGE NUMBER OF EMPLOYEES		
TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR		
<p>Sign Here</p> <p>Knowingly falsifying this document may result in a fine.</p> <p>I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.</p>		
COMPANY EXECUTIVE	TITLE	
PHONE NUMBER ()	DATE	