OSHA's Form 300A (Rev. 01/20)
Summary of Work-Related Injuries and Illnesses

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 have no entries write "0."

Employers, former employees, or their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 and its equivalent. See 29 CFR 1904.35, in OSHA’s Recordkeeping rule, for further details on the access provisions for these forms.

Establishment Information

Year

Company Name

STEWART OBSERVATORY - ALL

Street

935 N CHERRY AVE

City

TUCSON

State

AZ

Zip

85711

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

COLLEGES AND UNIVERSITY

Standard Industrial Classification (SIC), if known (e.g., 3716)

OR North American Industrial Classification (NAICS), if known (e.g., 334211)

Employment Information

Annual average number of employees

0

Total hours worked by all employees last year

0

Sign here

Knowingly falsifying this document may result in a fine.

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

Company representative

Signature

DATE

Post this Summary page from February 1 to April 20 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 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 this collection or the agency's use of the data collection, contact: US Department of Labor, OSHA/Office of Information, Room N0444, 200 Constitution Ave., NW, Washington, DC 20210. Do not send the complained forms to this address.