OSHA's Form 300 Log of Work-Related Injuries and Illnesses

(C)

Identify the person

(B)

(A)

Case

No.

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

(D)

(days) Job transfer Other recordor restriction able cases (G) (H) (I) (K) (J) ASHLEY LEVON JOHNSON ELECTRICIAN 19 5/04 PIER PAPA, CHAS SC CUT, LACERATION; ARM, LEFT; INJURY Х 0.00 MONCKS CORNER, SC JAMES B DENTON ELECTRICIAN 6/05 STRAIN / SPRAIN; KNEE, LEFT; INJURY 20 35.00 Х 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0 0

(E)

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction. 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

> Page 1 of 1 (1) (2) (3) (4) (5) (6)

Injury Skin Disorder ratory Condition

Poisoning

Respi

Hearing los other illness

₹

0.00 2

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.

Citv

Classify the case

Establishment name

CHECK ONLY ONE box for each case based

on the most serious outcome for that case:

CHARLESTON

Year 2020 **U.S. Department of Labor**

METRO ELECTRIC CO., INC.

Enter the number of

days the injured or ill

worker was:

35.00

Occupational Safety and Health Administration

State

Form approved OMB no. 1218-0176

Check the "iniurv"

column or choose one type of illness:



SC

Employee's Name Job Title Date of Where the event occurred (e.g. Describe injury or illness, parts of body affected, and Loading dock north end) object/substance that directly injured or made person ill (e.g. (e.g., Welder) injury or (M) onset of Second degree burns on right forearm from acetylene torch) Days away Away from On job illness Death from work Remained at work work transfer or (mo./day) Skin Disorder Respiratory Cor restriction Hearing loss All other illne Poisoning (days) Injury (L) (1) (2) (3) (4) (5) (6) 0.00 х 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

(F)

Describe the case

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

1

Page totals

OSHA's Form 300A 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 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."

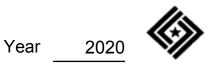
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

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	1	0	1
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
35		0	
(K)		(L)	
Injury and Illness T	ypes		
Total number of (M)			
 Injury Skin Disorder Descriptory 	2 0	(4) Poisoning(5) Hearing loss	0
(3) Respiratory Condition	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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

	Form approved OMB no. 1218-07
Establishment information	
Your establishment name METRO	ELECTRIC CO., INC.
Street 3350 MEETING STREET ROAD F	° O BOX 71228
City CHARLESTON	State <u>SC</u> Zip <u>29415</u>
Industry description (e.g., Manufactur	e of motor truck trailers)
North American Industrial Classification	on (NAICS), if known (e.g., 36212)
2 3 6	2 2 0
Employment information	
Annual average number of employees	86
Total hours worked by all employees	last year 170,661
Sign here Knowingly falsifying this document ma	av result in a fine.
I certify that I have examined this doc of my knowledge the entries are true,	ument and that to the best
LEE A. ECLE	EXEC. ASSISTANT
Company executive	Title
843-554-0621 EXT. 215	1/25/2021
Phone	Date



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

176