

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

# Summary of Work-Related Injuries and Illnesses

Year 2012  
U.S. Department of Labor  
Occupational Safety and Health Administration



From approved OMB no.1218-0176

Org1 Desc: Licensing And Regulatory Affairs

Org4 Code Alternate: 03-0237

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 29 CFR Part 1094.35, 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	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
73	0
(K)	(L)

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known *(e.g.,3715)*  
9111

OR

North American Industrial Classification (NAICS), if known *(e.g.,336212)*  
\_\_\_\_\_

### 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 63.8

Total hours worked by all employees last year 105,918

### 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 Title  
( 517 ) 373 - 0438 02/01/2013  
Phone Date

# Summary of Work-Related Injuries and Illnesses



Org4 Code Alternate: 23-2544

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".

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## 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	0	3
(G)	(H)	(I)	(J)

## Number of Days

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

## Injury and Illness Types

Total number of ...	(M)		
(1) Injuries	3	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

### 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 288.7

Total hours worked by all employees last year 485,978

### 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.

	Director, OSE-EHM
Company executive	Title
(517) 373 - 0438	02/01/2013
Phone	Date



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

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 23-2566

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.

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## 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	0	1
(G)	(H)	(I)	(J)

## Number of Days

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

## Injury and Illness Types

Total number of ...	(M)		
(1) Injuries	1	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., *3715*)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., *336212*)  
 \_\_\_\_\_

### 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 304.3

Total hours worked by all employees last year 528,020

### Sign here

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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 Title  
 (517) 373 - 0438 02/01/2013  
 Phone Date



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

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 33-3716

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.

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## 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	0	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	0
(K)	(L)

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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### Establishment information

Your establishment name State of Michigan  
 Street 400 S. Pine St, Capitol Commons Center, 4th Floor  
 City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

**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 19.3  
 Total hours worked by all employees last year 33,297

### Sign here

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

  
 \_\_\_\_\_ Director, OSE-EHM  
 Company executive Title  
 (517) 373 - 0438 02/01/2013  
 Phone Date

# Summary of Work-Related Injuries and Illnesses



Org4 Code Alternate: 33-3757

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### 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	2
(G)	(H)	(I)	(J)

### Number of Days

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

### Injury and Illness Types

Total number of ...	(M)		
(1) Injuries	3	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known *(e.g.,3715)*  
9111

OR

North American Industrial Classification (NAICS), if known *(e.g.,336212)*  
 \_\_\_\_\_

### 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 558.1

Total hours worked by all employees last year 936,023

### Sign here

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

	Director, OSE-EHM
Company executive	Title
(517) 373 - 0438	02/01/2013
Phone	Date

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 33-3769

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### 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	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
31	0
(K)	(L)

### Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., *3715*)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., *336212*)  
 \_\_\_\_\_

### 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 43.5

Total hours worked by all employees last year 74,335

### Sign here

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 Company executive Title Director, OSE-EHM

(517) 373 - 0438 02/01/2013

Phone Date

# Summary of Work-Related Injuries and Illnesses



Org4 Code Alternate: 33-3776

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## 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	0	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	0
(K)	(L)

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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### Establishment information

Your establishment name State of Michigan  
 Street 400 S. Pine St, Capitol Commons Center, 4th Floor  
 City Lansing State MI ZIP 48909

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

Government

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

9111

OR

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

**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 57.6

Total hours worked by all employees last year 98,952

### Sign here

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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 \_\_\_\_\_ Title Director, OSE-EHM  
 ( 517 ) 373 - 0438 \_\_\_\_\_ 02/01/2013  
 Phone \_\_\_\_\_ Date

# Summary of Work-Related Injuries and Illnesses



Org4 Code Alternate: 33-3795

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### 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	1
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	11
(K)	(L)

### Injury and Illness Types

Total number of ... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., *3715*)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., *336212*)  
 \_\_\_\_\_

### 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 198.8

Total hours worked by all employees last year 335,694

### Sign here

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

 Director, OSE-EHM

Company executive \_\_\_\_\_ Title \_\_\_\_\_

( 517 ) 373 - 0438 \_\_\_\_\_ 02/01/2013

Phone \_\_\_\_\_ Date \_\_\_\_\_



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

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 33-3813

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.

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## 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	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
61	0
(K)	(L)

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	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.

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### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

### 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 42.3

Total hours worked by all employees last year 72,859

### 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 Title  
 (517) 373 - 0438 02/01/2013  
 Phone Date



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

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 33-3819

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.

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## 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	0	1
(G)	(H)	(I)	(J)

## Number of Days

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

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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### Establishment information

Your establishment name State of Michigan  
 Street 400 S. Pine St, Capitol Commons Center, 4th Floor  
 City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

**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 5.3  
 Total hours worked by all employees last year 9,039

### 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 Title  
 (517) 373-0438 02/01/2013  
 Phone Date

# Summary of Work-Related Injuries and Illnesses



Org4 Code Alternate: 33-3832

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.

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### 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	0	1
(G)	(H)	(I)	(J)

### Number of Days

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

### Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

### 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 65.3

Total hours worked by all employees last year 107,738

### 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 Title  
 (517) 373 - 0438 02/01/2013  
 Phone Date



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

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 39-4500

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 29 CFR Part 1094.35, 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	2
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
16	0
(K)	(L)

## Injury and Illness Types

Total number of ...	(M)		
(1) Injuries	3	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

### 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 37.8

Total hours worked by all employees last year 65,793

### 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.

	Director, OSE-EHM
Company executive	Title
(517) 373 - 0438	02/01/2013
Phone	Date



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

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 41-4821

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 29 CFR Part 1094.35, 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	0	1
(G)	(H)	(I)	(J)

## Number of Days

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

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., *3715*)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., *336212*)  
 \_\_\_\_\_

### 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 151.4

Total hours worked by all employees last year 262,824

### 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.

	Director, OSE-EHM
Company executive	Title
(517) 373 - 0438	02/01/2013
Phone	Date

# Summary of Work-Related Injuries and Illnesses



Org4 Code Alternate: 63-7252

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 29 CFR Part 1094.35, 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	0	1
(G)	(H)	(I)	(J)

## Number of Days

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

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
\_\_\_\_\_

### 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 20.7

Total hours worked by all employees last year 35,772

### 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.

	Director, OSE-EHM
Company executive	Title
(517) 373 - 0438	02/01/2013
Phone	Date

# Summary of Work-Related Injuries and Illnesses



Org4 Code Alternate: 63-7331

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 29 CFR Part 1094.35, 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	0	1
(G)	(H)	(I)	(J)

## Number of Days

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

## Injury and Illness Types

Total number of ...	(M)		
(1) Injuries	1	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known *(e.g.,3715)*  
9111

OR \_\_\_\_\_

North American Industrial Classification (NAICS), if known *(e.g.,336212)*  
\_\_\_\_\_

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

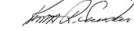
Annual average number of employees 9.7

Total hours worked by all employees last year 16,204

### 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.

 Director, OSE-EHM

Company executive \_\_\_\_\_ Title \_\_\_\_\_

( 517 ) 373 - 0438 \_\_\_\_\_ 02/01/2013

Phone \_\_\_\_\_ Date \_\_\_\_\_



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

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 69-0002

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 29 CFR Part 1094.35, 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	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
58	42
(K)	(L)

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	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.

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### Establishment information

Your establishment name State of Michigan  
 Street 400 S. Pine St, Capitol Commons Center, 4th Floor  
 City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

**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.

  
 \_\_\_\_\_ Director, OSE-EHM  
 Company executive Title  
 ( 517 ) 373 - 0438 02/01/2013  
 Phone Date

# Summary of Work-Related Injuries and Illnesses



Org4 Code Alternate: 82-9608

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 29 CFR Part 1094.35, 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	0	1
(G)	(H)	(I)	(J)

### Number of Days

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

### Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

### 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 56.2

Total hours worked by all employees last year 97,907

### 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.

 Director, OSE-EHM

Company executive \_\_\_\_\_ Title \_\_\_\_\_

( 517 ) 373 - 0438 \_\_\_\_\_ 02/01/2013

Phone \_\_\_\_\_ Date \_\_\_\_\_

# Summary of Work-Related Injuries and Illnesses



From approved OMB no.1218-0176

Org4 Code Alternate: 82-9618

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 29 CFR Part 1094.35, 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	4	0	5
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
180	0
(K)	(L)

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	9	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan  
 Street 400 S. Pine St, Capitol Commons Center, 4th Floor  
 City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

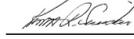
**Employment information** (if you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 595.2  
 Total hours worked by all employees last year 1,016,113

### 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 Title Director, OSE-EHM  
 (517) 373-0438 02/01/2013  
 Phone Date



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

# Summary of Work-Related Injuries and Illnesses

Org4 Code Alternate: 99-MI

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 29 CFR Part 1094.35, 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)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
136	0
(K)	(L)

## Injury and Illness Types

Total number of ... (M)			
(1) Injuries	2	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan  
 Street 400 S. Pine St, Capitol Commons Center, 4th Floor  
 City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
 \_\_\_\_\_

**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 383.3  
 Total hours worked by all employees last year 666,507

### 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 Title  
 (517) 373 - 0438 02/01/2013  
 Phone Date

# Summary of Work-Related Injuries and Illnesses



From approved OMB no.1218-0176

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 29 CFR Part 1094.35, 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	11	1	25
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
574	53
(K)	(L)

### Injury and Illness Types

Total number of ... (M)			
(1) Injuries	37	(4) Poisonings	0
(2) Skin	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.

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 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: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name State of Michigan

Street 400 S. Pine St, Capitol Commons Center, 4th Floor

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if known (e.g., 3715)  
9111

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
\_\_\_\_\_

### 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 2,901

Total hours worked by all employees last year 4,948,974

### 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.

[Signature] Director, OSE-EHM

Company executive Title  
( 517 ) 373 - 0438 02/01/2013  
Phone Date