

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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 2.9
Total hours worked by all employees last year 4,880

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 2.0

Total hours worked by all employees last year 3,058

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 4.5

Total hours worked by all employees last year 7,843

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 8.3
Total hours worked by all employees last year 13,936

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 8.0

Total hours worked by all employees last year 13,298

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 _____ 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,368

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8

Total hours worked by all employees last year 1,312

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 1.3
Total hours worked by all employees last year 2,229

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.7
Total hours worked by all employees last year 1,031

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,179

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 12.4
Total hours worked by all employees last year 20,681

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.5

Total hours worked by all employees last year 921

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 1.4

Total hours worked by all employees last year 2,493

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 1.2
Total hours worked by all employees last year 1,878

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 10.3

Total hours worked by all employees last year 17,481

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 0.8

Total hours worked by all employees last year 1,302

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 0.1

Total hours worked by all employees last year 176

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 _____ 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
<u>0</u>	<u>0.00</u>
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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 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 0.4
Total hours worked by all employees last year 751

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 0.8

Total hours worked by all employees last year 1,297

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 1.6

Total hours worked by all employees last year 3,076

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 41.3

Total hours worked by all employees last year 69,922

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
<u>0</u>	<u>0.00</u>
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory	<u>0</u>	(6) All other	<u>0</u>

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 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 1.2
Total hours worked by all employees last year 2,147

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 1.9

Total hours worked by all employees last year 2,766

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8

Total hours worked by all employees last year 1,326

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,297

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 5.8

Total hours worked by all employees last year 9,575

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.5

Total hours worked by all employees last year 816

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 _____ 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 4.6
Total hours worked by all employees last year 7,871

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	
(1) Injuries	0
(2) Skin	0
(3) Respiratory	0
(4) Poisonings	0
(5) Hearing loss	0
(6) All other	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 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 0.1
Total hours worked by all employees last year 120

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	
(1) Injuries	0
(2) Skin	0
(3) Respiratory	0
(4) Poisonings	0
(5) Hearing loss	0
(6) All other	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 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 10.0

Total hours worked by all employees last year 16,839

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 0.2
Total hours worked by all employees last year 302

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 0.1

Total hours worked by all employees last year 176

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 15.3

Total hours worked by all employees last year 26,168

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 15.0
Total hours worked by all employees last year 25,435

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 6.5

Total hours worked by all employees last year 11,666

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 _____ 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,396

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,365

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
<u>0</u>	<u>0.00</u>
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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 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 0.8

Total hours worked by all employees last year 1,289

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 0.8

Total hours worked by all employees last year 1,335

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.3
Total hours worked by all employees last year 612

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,456

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 10.9

Total hours worked by all employees last year 18,564

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 7.3

Total hours worked by all employees last year 12,527

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.5
Total hours worked by all employees last year 675

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 6.2
Total hours worked by all employees last year 9,982

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.2
Total hours worked by all employees last year 228

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
<u>0</u>	<u>0.00</u>
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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 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 3.8

Total hours worked by all employees last year 6,540

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,249

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 2.3
Total hours worked by all employees last year 3,861

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 3.1

Total hours worked by all employees last year 5,256

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

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

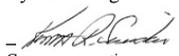
Annual average number of employees 1.5

Total hours worked by all employees last year 2,565

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 _____ 1/29 /2013

Phone _____ Date _____

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 0.3

Total hours worked by all employees last year 460

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 _____ 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 10.0
Total hours worked by all employees last year 16,514

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 0.7

Total hours worked by all employees last year 944

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.1
Total hours worked by all employees last year 96

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.9
Total hours worked by all employees last year 1,600

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 8.3
Total hours worked by all employees last year 13,975

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 1.5
Total hours worked by all employees last year 2,671

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 3.5
Total hours worked by all employees last year 5,982

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,334

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 130.4
Total hours worked by all employees last year 225,926

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.8
Total hours worked by all employees last year 1,375

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 9.2
Total hours worked by all employees last year 16,270

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 2.3
Total hours worked by all employees last year 3,832

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 9.1

Total hours worked by all employees last year 15,306

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 1/29 /2013

Phone Date

Summary of Work-Related Injuries and Illnesses



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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 1.1

Total hours worked by all employees last year 1,939

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 1.3
Total hours worked by all employees last year 2,159

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 0.1

Total hours worked by all employees last year 147

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 1/29 /2013
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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 7.1

Total hours worked by all employees last year 12,538

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 10.3
Total hours worked by all employees last year 17,377

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 8.0
Total hours worked by all employees last year 14,122

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses

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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 1.5

Total hours worked by all employees last year 2,402

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 8.3
Total hours worked by all employees last year 13,513

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 6.4
Total hours worked by all employees last year 10,688

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 10.1
Total hours worked by all employees last year 17,615

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 9.2
Total hours worked by all employees last year 15,099

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 6.4
Total hours worked by all employees last year 11,378

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 7.5
Total hours worked by all employees last year 12,651

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 1/29 /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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 3.0
Total hours worked by all employees last year 5,115

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 1/29 /2013
Phone Date

Summary of Work-Related Injuries and Illnesses



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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 1

Total hours worked by all employees last year 1,726

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 1/29 /2013

Phone Date

Summary of Work-Related Injuries and Illnesses



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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees .8

Total hours worked by all employees last year 1,429

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 1/29 /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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees	39.6
Total hours worked by all employees last year	68,187

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 1/29 /2013
Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 7.8

Total hours worked by all employees last year 13,024

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 1/29 /2013

Phone Date

Summary of Work-Related Injuries and Illnesses



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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if (e.g.,3715)
911

OR

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

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

Annual average number of employees 9.1

Total hours worked by all employees last year 16,133

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 5

Total hours worked by all employees last year 8,663

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 1/29 /2013

Phone Date

Summary of Work-Related Injuries and Illnesses



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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan
Street 400 S Pine St. Capitol Commons Center 4th Floor
City Lansing State MI ZIP 48909
Industry Government (e.g., Manufacture of motor truck trailers)

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

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

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

Annual average number of employees 4.7
Total hours worked by all employees last year 7,316

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 1/29 /2013
Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if (e.g.,3715)
911

OR

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

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

Annual average number of employees 1.7

Total hours worked by all employees last year 3,123

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 1

Total hours worked by all employees last year 1,753

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 17.7

Total hours worked by all employees last year 26,466

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 3.7

Total hours worked by all employees last year 6,655

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 4

Total hours worked by all employees last year 6,925

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 _____ 1/29 /2013

Phone _____ Date _____



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin	(3) Respiratory	(4) Poisonings	(5) Hearing loss	(6) All other
	0	0	0	0	0	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

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

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

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

OR

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

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

Annual average number of employees 1.7
 Total hours worked by all employees last year 2,915

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 1/29 /2013
 Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

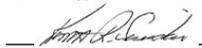
Annual average number of employees 1.9

Total hours worked by all employees last year 2,880

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 8

Total hours worked by all employees last year 13,892

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 1/29 /2013
Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 0.5

Total hours worked by all employees last year 852

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 1

Total hours worked by all employees last year 1,568

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 1

Total hours worked by all employees last year 1,792

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 1/29 /2013

Phone Date

Summary of Work-Related Injuries and Illnesses



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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

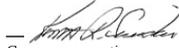
Annual average number of employees 1.9

Total hours worked by all employees last year 3,450

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 1

Total hours worked by all employees last year 1,765

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 1

Total hours worked by all employees last year 1,732

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 6.7

Total hours worked by all employees last year 10,901

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 24.7

Total hours worked by all employees last year 42,169

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 0.9

Total hours worked by all employees last year 1,558

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 2.8

Total hours worked by all employees last year 4,389

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 1/29 /2013
Phone Date

Director, OSE-EHM



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan
 Street 400 S Pine St. Capitol Commons Center 4th Floor
 City Lansing State MI ZIP 48909
 Industry (e.g., Manufacture of motor truck trailers)
 Government
 Standard Industrial Classification (SIC), if (e.g.,3715)
 9111
 OR
 North American Industrial Classification (NAICS), if (e.g.,

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

Annual average number of employees 9.4
 Total hours worked by all employees last year 15,696

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 1/29 /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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 24.8

Total hours worked by all employees last year 43,611

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 0.8

Total hours worked by all employees last year 1,293

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 1/29 /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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

Standard Industrial Classification (SIC), if (e.g.,3715)
911

OR

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

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

Annual average number of employees 7.4

Total hours worked by all employees last year 12,404

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 1/29 /2013

Phone Date



Summary of Work-Related Injuries and Illnesses

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 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 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 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 deaths	Total number cases with away from	Total number cases with job transfer or	Total number other cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days from work	Total number of days of transfer or restriction
0	0.00
(K)	(L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin	0	(5) Hearing loss	0
(3) Respiratory	0	(6) All other	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 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 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 Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment State of Michigan

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

City Lansing State MI ZIP 48909

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

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

OR

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

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

Annual average number of employees 2

Total hours worked by all employees last year 3,022

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 1/29 /2013

Phone Date