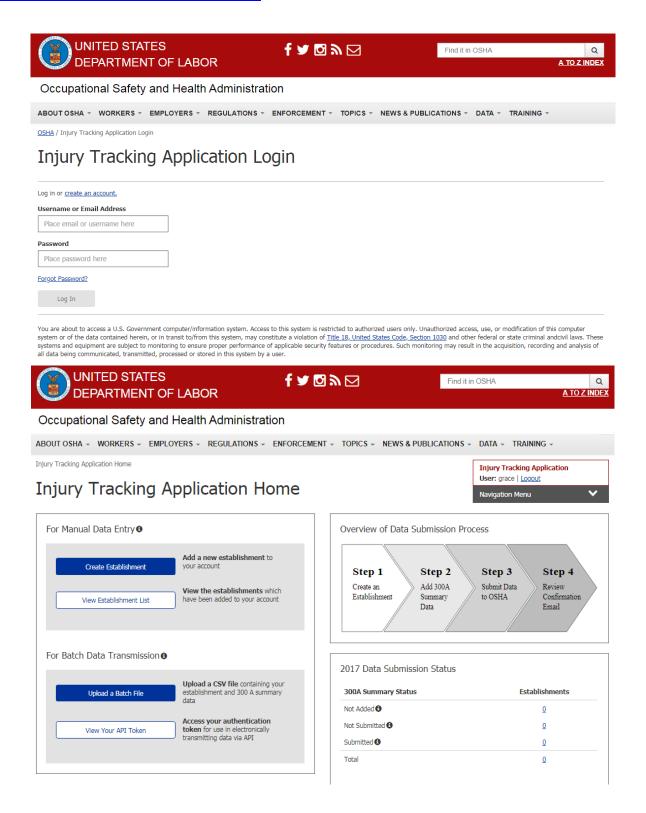
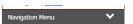
## Form 300A 上報示意圖

根據 OSHA 介紹,公司初次上報需要註冊新帳戶再填寫,程序非常簡單,如下圖展示。詳細填寫指南,請前往: <a href="https://www.osha.gov/injuryreporting/index.html">https://www.osha.gov/injuryreporting/index.html</a>



## Add 300A Summary



## Summary of Work-related Injuries and Illnesses

\* All Fields are Required

Establishment Name: abc company			
Employment Information			
Annual average number of employees* 0		Did any recordable work-related inju	ırioc
ramad average number of employees •		or illnesses occur at this establishme this year?* •	ent in Yes No
		Select Yes if the establishment	
Note: This is not necessarily the same as the management selected when creating the establishment.	aximum number of employees you	had recordable work-related injuries this Select No if it did not.	year.
Total hours worked by all employees last year* <b>⊕</b>			
Include hours worked by salaried, hourly, p.	part-time and seasonal workers, as well		
as hours worked by other workers subject to establishment (e.g., temporary help services	day to day supervision by your		
<ul> <li>Do not include vacation, sick leave, holiday employees were paid for it. If your establish.</li> </ul>	ys, or any other non-work time, even if ment keeps records of only the hours		
paid or if you have employees who are not p hours that the employees actually worked.	paid by the hour, please estimate the		
Number Of Days			
Enter 0 if there are no days to report.			
TOTAL NUMBER OF:			
Days away from work (K)* 6	Days of job transfer or restriction		
Days away Irolli Work (K)	(L)*•		
Injury And Illness Types			
Injury And Illness Types			
Enter 0 if there are no injuries or illnesses to report.			
TOTAL NUMBER OF:			
Injuries (M1)* <b>⊕</b>	Poisonings (M4)* 6		
Skin disorders (M2)* 6	Hearing loss (M5)* •		
Description of Miles (MO) * A	All other illocator (MC)*		
Respiratory conditions (M3)* 1	All other illnesses (M6)* €		
			<u>Cancel</u> Save
Number Of Cases			
Enter 0 if there are no cases to report.			
TOTAL NUMBER OF:			
Deaths (G)*	Cases with days away from work (H)* <b>⊕</b>	Cases with job transfer or restriction (I)* <b>6</b>	Other recordable cases (J)* 6
Number Of Days			
Number of Days			
Enter 0 if there are no days to report.			
TOTAL NUMBER OF:			
Days away from work (K)* <b>❸</b>	Days of job transfer or restriction		
	(L)*•		