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



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

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

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days of job transfer		Total number of days away from work	·
or restriction 0 (K)		0 (L)	<u>.</u>
Injury and Illness T	ypes a delegant		
Total number of (M)			
(1) Injury (2) Skin Disorder	0 0	(4) Poisoning(5) All other illnesses	0
(3) Respiratory Condition	. 0		**

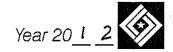
Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor. OSHA Office of Statistics. Room N-3644, 200 Constitution Ave. NW. Washington. DC 20210. Do not send the completed forms to this office.

Establishment information				
Your establishment name Ortiz Group Er	ngineering & Constr	uction S	ervices Corp	
Street Antonio R. Barceló # 7	······································			
City Toa Alta	State	PR	Zip	954
ndustry description (e.g., Manufacture of m General Construction	otor truck trailers)			
Standard Industrial Classification (SIC), if kr	nown (e.g., SIC 371	5)		
Employment information				
Annual average number of employees	53_			
otal hours worked by all employees last ye	ear <u>84,806</u>			
Sign Here				
	ult in a fina			
Knowingly falsifying this document may resu	in in a ime.			
			~	
certify that I have examined this document entries are true, accurate, and complete.	and that to the best	t of my k	knowledge the	
Eng. Manuel A. Ortiz García	_		President	ţ
Company executive			Title	
797 970 9025			1/3	22/2014
787-870-8025				

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

Number of Cases



Summary of Work-Related Injuries and Illnesses

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

Form 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."

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Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
O	O	O	O
(G) ·	(H)	(I)	(1)
Number of Da	ays		
Total number of day from work	,	tal number of days of job nsfer or restriction	
0	_	0	
(K)		(L)	
Injury and Ill	ness Types		
Total number of (M)			
) Injuries	0	(4) Poisonings	0
) Skin disorders) Respiratory conditio	ons <u>O</u>	(5) Hearing loss (6) All other illnesse	s <u>O</u>

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Establishment information
Your establishment name Ortiz Group Engineering + Const
Vour establishment name Ortiz Group Engineering + Const Street #7 Antonio R. Parcelo Street City Toa Alta State PR ZIP 00953
City Toa Alta State PR ZIP 00953
Industry description (e.g., Manufacture of motor truck trailers) General Construction
Standard Industrial Classification (SIC), if known (e.g., 3715) 2 3 6 2
OR
North American Industrial Classification (NAICS), if known (e.g., 336212) 2 3 5 0 0 0
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 <u>83</u>
Total hours worked by all employees last year 106,930. 25
MMO
Sign here Knowingly falsitying this document may result in a fine.
Anowingly raisaying this document may result in a rine.
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
Manuel Ortiz Garcia President
(787 870-8025 2/1/2013
rhoue Date

JoHA's Form 300A Summary of Work-Related Injuries and Illnesses



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Number of Cases	alla sional di Lanca de Santa di La la companya di Lanca di La		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(1)	(J)
Number of Days			
Total number of days of job transfer		Total number of days away from work	
or restriction		^	
(K)	•	(L)	-
~			W. D. GEFFALLS
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) All other illnesses	0
(3) Respiratory			
Condition	0		

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Establishment information	· .
Your establishment name Ortiz Group Engineering & Construction Ser	rvices Corp
Street Antonio R. Barceló # 7	
City Toa Alta State PR	Zip <u>954</u>
Industry description (e.g., Manufacture of motor truck trailers) General Construction	
Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 2362	
Employment information	
Annual average number of employees 32	
Total hours worked by all employees last year 60,406	
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 kn entries are true, accurate, and complete.	owledge the
Eng. Manuel A. Ortiz García	President
Company executive	Title
787-870-8025 Phone	1/16/2012 Date