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

All establishments covered by OAR 437-001-0700 must complete this Summary, 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.

Number of Cases						
Total number of deaths	s 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)	(I)	(J)			
Number of Days						
Total number of days away from work		Total number of days of job transfer or restriction				
0 (K)		0 (L)				
Injury and Illness Typ	oes					
Total number of (M)						
(1) Injuries	0	(4) Poisonings	0			
(2) Skin disorders(3) Respiratory	0					
conditions	0	_ (6) All other illnesses	0			

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

Year 2024

Department of Consumer and Business Services
Oregon Occupational Safety and Health Division (Oregon OSHA)

	D # 110D1**				
Your establishment name:	Portland OBMI				
Street: 800 NE Oregon Stre	et				
City: Portland		State:	Oregon	Zip:	97232
Industry description (e.g., mar Other General Government S		trailers)			_
North American Classification 921190	System (NAICS), if kno	wn (e.g.	, NAICS 4441)		
ployment information					
Annual average number of en	nployees		4		
Total hours worked by all employees last year			6,588		
n here					
Knowingly falsifying this do	ocument may result in	a fine.			
I certify that I have examined accurate, and complete.	this document and that, t	to the be	est of my knowledge, th	e entries	s are true,
	Ota ve Katlan DVM			Exec	utive Directo
Company executive	Stacy Katler, DVM			Title	
company oncounte				11110	
971-673-0216				1/31/	25
Phone			•	Date	