

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

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 16



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."

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 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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . . (M)	
(1) Injuries	<u>0</u>
(2) Skin disorders	<u>0</u>
(3) Respiratory conditions	<u>0</u>
(4) Poisonings	<u>0</u>
(5) Hearing loss	<u>0</u>
(6) All other illnesses	<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 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Square B LLC  
 Street 13437 Edgewood Place  
 City Piedmont State SD Zip 57769  
 Industry description (e.g., Manufacture of motor truck trailers)  
Concrete and foundation work  
 Standard Industrial Classification (SIC), if known (e.g., 3715)

OR  
 North American Industrial Classification (NAICS), if known (e.g., 336212)  
238110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 3  
 Total hours worked by all employees last year 1096

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] Sole Member  
 Company executive Title  
 Phone 531-289-6832 Date 1/31/17

Save Input

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

## Summary of Work-Related Injuries and Illnesses

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Year 2017

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



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### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	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	0
(K)	(L)

### Injury and Illness Types

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

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### Establishment information

Your establishment name Square B LLC

Street 500 W. South St, STE 1

City Lincoln State NE Zip 68522

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

Concrete and foundation work

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

OR \_\_\_\_\_

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

238110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 5

Total hours worked by all employees last year 9284

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] Sole Member  
Company executive Title

Phone 531 - 289 - 6832 Date 1 / 8 / 2018

**Save Input**

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

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Year 2018



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

Form approved OMB no. 1218-0176

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### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	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	0
(K)	(L)

### Injury and Illness Types

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

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### Establishment information

Your establishment name Square B LLC

Street 500 W. South St, STE 1

City Lincoln State NE Zip 68522

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

Concrete and foundation work

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

OR \_\_\_\_\_

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

238110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 7

Total hours worked by all employees last year 12377

Sign here Carl Whittle

**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.

Carl Whittle Sole Member

Company executive Title

Phone 531 - 289 - 6832 Date 01 / 10 / 2019

**Save Input**

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**Number of Cases**

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restriction
26	151
(K)	(L)

**Injury and Illness Types**

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

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Public reporting burden for this collection of information is estimated to average 58 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 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

**Establishment information**

Your establishment name Square B, LLC

Street 500 W. South St, STE 1

City Lincoln State NE Zip 68522


Industry description (e.g., Manufacture of motor truck trailers)  
Concrete & Foundation Construction

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

**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 6

Total hours worked by all employees last year 15281

Sign here 

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**Save Input**