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 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 0	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>106</u>	<u>42</u>	<u>89</u>			
(G)	(H)	(1)	(J)			
Number of I	Days					
Total number of days away from work	Total number of days of job transfer or restriction					
<u>547</u>	<u>429</u>					
(K)	(L)					
Injury and III	ness Types					
Total number of:						
(M) (1) Injuries	<u>133</u>	(4) Poisonings	<u>0</u>			
(2) Skin disorders	<u>1</u>	(5) Hearing Loss	<u>0</u>			
(3) Respiratory condition	ons <u>103</u>	(6) All other illne	sses <u>0</u>			

Establishment In	formati	ion		
Establishment Name:	Duke Regions 3643 Roxk		pital 27704	
				I
Industry Description:	General Medical and Surgical Hospitals			
North American Industrial Classification (NAICS):	622110			
Employment Info	ormatio	n		
Annual average number of	employees	:	2,595	
Total hours worked by all e	mployees:		3,862,976	
Sign here				
Knowingly falsifying t	his docun	nent ma	y result in a fine.	
I certify that I have examine the entries are true, accura			that to the best of my knowledge	
1-Alu	t	DRH Inte	erim President and COO	
Company executive			Title	
				I
(919) 470-6154			01 / 31 / 2025	
Phone			Date	

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 14 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 Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.