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

Year 2007

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
0	9	14	25
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
521	342
(K)	(L)

Injury and Illness Types

Total number of...

	(M)		
(1) Injury	24	(4) Poisoning	0
(2) Skin Disorder	0	(5) All other illnesses	24
(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 E O Lawrence Berkeley National Laboratory

Street 1 Cyclotron Road

City Berkeley State CA Zip 94720

Industry description (e.g., Manufacture of motor truck trailers)
Research & Development

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
873

Employment information

Annual average number of employees 3000

Total hours worked by all employees last year 5,867,387

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.

David McGraw
Company executive

Chief Op. Officer
Title

(510) 486-5551
Phone

1/29/2008
Date