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

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 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

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>0</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
</tr>
<tr>
<td>Z</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of:</th>
<th>(1) Injuries</th>
<th>(2) Skin disorders</th>
<th>(3) Respiratory conditions</th>
<th>(4) Poisonings</th>
<th>(5) Hearing Loss</th>
<th>(6) All other illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Establishment Information**

- **Establishment Name:** Patient Revenue Management Organization
- **Address:** 4117 N. Roxboro Rd, 3rd Floor, Durham, NC 27704
- **Industry Description:** Account Collection Services
- **North American Industrial Classification (NAICS):** 561440

**Employment Information**

- **Annual average number of employees:** 1,445
- **Total hours worked by all employees:** 2,674,662

**Sign here**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]

**Company name:**

[Company name]

**Title:**

[Title]

**Phone:**

[Phone number]

**Date:**

[Date]

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Post this Summary page from February 1 to April 30 of the year following the year covered by the Form 300A.