OSHA's Form 300A (Rev. 01/2004)									Year 2024	
Summary of	Work-Related Inj	uries and Illnesses			***************************************	**************************************				
						Control of the Control				
	acycs fine of Calley (VI									
All actablishments of	overed by Part 1904 must com	plete this Summary page, even if no injuries or i	Weapon account							
during the year. Rei		erify that the entries are complete and accurate								
this summary.				Establishment	intormation				***************************************	
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."					Your establishment name			High School		
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.					200 S. She	heldon St				
Number of Cases				City	Rantoul	State]L	Zip 61866		
				Industry description						
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	1	Standard Industrial Classification (SIC), if known						
(G)	(H)	(1)	(J)	OR North American Industrial Classification (NAICS), if known						
Number of Days				Employment in	formation	WWW.		***************************************		
Total number of		Total number of days of job transfer or						LANGE AND THE STATE OF THE STAT		
days away from work		restriction		Annual av	erage number o	of employees 1.19)			
3		0				of employees /43	•			
(K)		(L)		Total hours worked by all employees last year 193,050						
injury and iliness T	ypes			Sinn hans	,	·····	-10			
				Sign here	Gende	<u>a</u> ()000()				
Total number of					Knowingly falsifying this document may result in a fine.					
(M)				Tuloung.	<i>y</i>	o accoment may result in a		***************************************	***************************************	
(1) Injury	2	(4) Poisoning	Q	1						
(2) Skin Disorder	Q	(5) Hearing Loss	Q	and comp		ned this document and that to	the best of m	y knowledge the entries a	re true, accurate,	
(3) Respiratory Condition	0	(6) All Other Illnesses	Q		KEn	dra Good		HR MOR		
			эмжи	************************************		pany executive		Title 0		
растичения в принамента и прин	AND THE PROPERTY OF THE PROPER	ril 30 of the year following the year covered b	***************************************	-	217	-892-6140		1/29/25		
the instruction, search required to respond to	and gather the data needed, and on the collection of information unles	is estimated to average 58 minutes per response, inclicomplete and review the collection of information. Per sit displays a currently valid OMB control number. If tata collection, contact: US Department of Labor, OSI	rsons are not you have any	Aumusaanonnan susauumanna enemmus	A CHARLEST HERE CONTROL CONTRO	r'none	**************************************	' Date		
Statistics, Room N-364	4, 200 Constitution Ave, NW, Wa	shington, DC 20210. Do not send the completed form	is to this office.							