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

Summary of Work-Related Injuries and Illnesses

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		THE PART OF THE	
Total number of deaths 0 (G)	Total number of cases with days away from work 2 (H)	Total number of cases with job transfer or restriction 0	Total number of other recordable cases (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
10 (K)	2)	0 (L)	2
Injury and Illness T	ypes	PARTY DE LA COLLEGE	
Total number of			
(1) Injury	4	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	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 58 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.

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U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

stablish	ment information			
Your e	establishment name Peni	marc Inspired Spaces, LLC		
Street	130 Penmarc Dr. Suite 11	0		
City	Raleigh	State	NC	Zip27603
Indust	ry description (e.g., Manufac Professional Services	cture of motor truck trailers)		,
Stand	ard Industrial Classification	(SIC), if known (e.g., SIC 3715)		
R North	American Industrial Classifi	 cation (NAICS), if known (e.g., 330	6212)	
	541	9 _ 9 _ 0		
nploym	ent information			
Annua	l average number of emplo	vees 43		
Total I year	nours worked by all employe	es last 147305		
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Know	ingly falsifying this docum	ent may result in a fine.		
l certif		document and that to the best of n	ny knowledge the entries a	re true, accurate, and
	Company executiv	e e		CIO Title
	919,600,6160 Phone			01 · 31 · 2022 Date