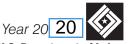
OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

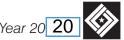
care professional, four must also record work-leated injuries and nimesses that meet any or the specific recording criteria listed in 29 CFR Part 1904.6 through 1904.12, reen free to										Establishment name WIONSTERS, INC.								
use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.										City <mark>Mor</mark>	stropolis		Str	ate Nev	w Yor	rk		
Ident	tify the person		Describe the case				sify the ca	ase										
(A) Case	(B) Employee's name	(C) Job title	(D) Date of injury	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected,	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:								
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U.S. Department of Labor

O.S. Department Of Labor
Occupational Safety and Health Administration

Establishment name Monsters, Inc.

Form approved OMB no. 1218-0176

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(A) Case	(B) Employee's name	(C) Job title (e.g., Welder)	Describe to (D) Date of injury	(E)	(F) Describe injury or illness, parts of body affected,	CHECI based	Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:				
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