OSHA Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20 25

OSHA | Oregon OSHA
Department of Consumer and Business Services

All establishments covered by OAR 437-001-0700 must complete this Summary of Work-Related Injuries and Illnesses, 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.

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 *DCBS Form 801* or its equivalent. Read OAR 437-001-0700(21).

Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfers or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

Injury and illness types

Total number of … (M)			
(1) Injuries	1	(4) Poisonings	
(2) Skin disorders		(5) Hearing loss	
(3) Respiratory conditions		(6) All other illnesses	

Keep this summary posted from Feb. 1 to April 30 of the year following the year covered by this form.

Establishment information

Your establishment name:

VanderHouwen & Associates

Street: 6342 S Macadam Ave

City: Portland

State: OR Zip: 97239

Industry description

(e.g., manufacturer of motor truck trailers)

Recruting & Staffing

North American Industrial Classification System (NAICS)

if known *(e.g., NAICS 4441)*

5 6 1 3

Employment information *(If you don't have these figures, see the worksheet on the back of this page to estimate.)*

Annual average number of employees 258

Total hours worked by all employees last year 461,094

Sign here Spowell

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.

The highest ranking manager at the location where the Log is compiled must sign the OSHA Form 300A.

Company executive (highest ranking manager)

Title

Phone:

Date: 02 /01 / 2026