Summary of Work-Related Injuries and Illnesses



Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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			
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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness Ty	/pes		
Total number of (M)			
(1) Injury	0	(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

Your establishment nam	ne <u>C3 Industrial E</u>	lasting & Coatings, Inc.		
Street 11002 Kingston	Pike, Suite 202			
City Knoxville		State	TN	Zip37934
Industry description (e.g	., Manufacture of m			
Standard Industrial Clas 1 7	2 1		12)	
	8 3 2	, ,	,	
ployment information	on			
Annual average number	of employees	25		
Total hours worked by a year	ıll employees last	4611.75		
ın here				
Knowingly falsifying t	his document may	result in a fine.		
I certify that I have exan complete.	nined this document	and that to the best of my	knowledge the entries a	are true, accurate, and
Stacy R Compar	. (Carpus	rlu		Corporate Secretar Title

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Number of Cases	Number of Cases					
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			
(G)	(H)	(1)	(J)			
Number of Days						
Total number of days away from work		Total number of days of job transfer or restriction				
0 (K)	-	0 (L)	-			
Injury and Illness T	ypes					
Total number of						
(1) Injury	0	(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

stablish	hment information			
Your	establishment name C3 Industrial B	lasting & Coatings, Inc.		
Stree	et 11002 Kingston Pike, Suite 202			
City	Knoxville	State	TN	Zip <u>37934</u>
Indus	stry description (e.g., Manufacture of mo Industrial painting, blasting & coating	· · · · · · · · · · · · · · · · · · ·		
	dard Industrial Classification (SIC), if kn			
OR North	n American Industrial Classification (NA		12)	
		<u> </u>		
mployn	nent information			
Annu	al average number of employees	21		
Total year	hours worked by all employees last	12704.75		
ign her	e			
Knov	wingly falsifying this document may	result in a fine.		
I certi comp	ify that I have examined this document plete.	and that to the best of my	knowledge the entries a	are true, accurate, and
A	Company executive	tu		Corporate Secretary Title
865.2	288.4514			12.20.17
	Phone			Date

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Number of Cases			
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
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(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

stablish	ment information				
Your e	establishment name	C3 Industrial Bla	asting & Coatings, Inc.		
Street	11002 Kingston Pike,	Suite 202			
City	Knoxville		State	TN	Zip <u>37934</u>
Industr	ry description (e.g., Mai Industrial painting, bla		•		
	ard Industrial Classifica	1			
OR North	American Industrial Cla			5212)	
mploym	ent information				
Annua	ıl average number of en	nployees	11		
Total h year	nours worked by all emp	oloyees last	11064.17		
ign here					
Know	ingly falsifying this do	ocument may re	esult in a fine.		
I certif		this document a	and that to the best of r	ny knowledge the entries	s are true, accurate, and
Att.	Company exe	arpuni cutive	tw		Corporate Secretary Title
865.28	38.4514 Phone				01.26.18 Date

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) RespiratoryCondition	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

Your establishment nam	e C3 Industrial B	lasting & Coatings, Inc.		
Street 11002 Kingston	Pike, Suite 201			
City Knoxville		State	TN	Zip37934
Industry description (e.g Industrial paintin	, Manufacture of mog, blasting & coating	,		
Standard Industrial Class	sification (SIC), if kr	nown (e.g., SIC 3715)		
1 7 R North American Industria	2 1	ICC) if known (o.g. 2262	10)	
	8 3 2	, , , , , , , , , , , , , , , , , , , ,	12)	
		<u> </u>		
nployment informatio	n			
Annual average number	of employees	17		
Total hours worked by a	I employees last			
year		13362.14		
gn here				
jo.o				
Knowingly falsifying th	is document may	result in a fine.		
I certify that I have exam complete.	ined this document	and that to the best of my	knowledge the entries	are true, accurate, and
Stary R	Carper	tu		Corporate Secreta
Compan	y executive/			Title
865.288.4514				01.22.19
P	none			Date

Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor
Occupational Safety and Health Administration

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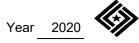
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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0	Total number of other recordable cases 0 (J)
(G)	(11)	(1)	(0)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0	_	0	
(K)		(L)	
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(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

Esta	ablishı	ment information			
	Your e	stablishment name C3 Industrial E	Blasting & Coatings, Inc.		
	Street	11002 Kingston Pike, Suite 201			
	City	Knoxville	State	TN	Zip <u>37934</u>
	Industr	y description (e.g., Manufacture of m Industrial painting, blasting & coatin	,		
		ord Industrial Classification (SIC), if k			
OR	North A	American Industrial Classification (NA		36212)	
Emi	olovme	ent information			
•	,				
	Annual	average number of employees	11		
	Total h year	ours worked by all employees last	20824		
Sigi	n here				
	Knowi	ngly falsifying this document may	result in a fine.		
	I certify	that I have examined this document	t and that to the best of	my knowledge the entries	are true, accurate, and
	H	Company executive	ntu		Corporate Secretary Title
	865.28	8.4514 Phone			01.01.2020 Date

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U.S. Department of Labor

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(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	_	0 (L)	-
Injury and Illness T	ypes		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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stablis	shment information			
You	r establishment name C3 Industrial Bl	asting & Coatings, In	C.	
Stre	et 11002 Kingston Pike, Suite 202			
City	Knoxville	State	TN	Zip <u>37934</u>
Indu	ustry description (e.g., Manufacture of mo Industrial painting, blasting & coating	,		
	ndard Industrial Classification (SIC), if kn			
JK Nor	th American Industrial Classification (NA	, , , , , , , , , , , , , , , , , , , ,	336212)	
				
mpioy	ment information			
Ann	ual average number of employees	21		
Tota yea	al hours worked by all employees last r	22529		
ign he	re			
Kno	owingly falsifying this document may i	result in a fine.		
	rtify that I have examined this document plete.	and that to the best o	of my knowledge the entries a	re true, accurate, and
Z	Company executive	tu		Corporate Secretary Title
865	.288.4514 Phone			02.01.2021 Date