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

Year

2015

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or linesses 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 leaths	Total number of cases with days	Total number of cases with job transfer or	Total number of other recordable
0	away from work	restriction 0	cases 0
(G)	(H)	(1)	(J)
Number of Days			
otal number of lays away from		Total number of days of job transfer or restriction	
(K)		(£)	
njury and Illness Types	ypes		
otal number of (M)			
1) Injury 2) Skin Disorder	00	(4) Poisoning(5) Hearing Loss	00
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 50 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.

Establishment information
Your establishment name CUMULUS MEDIA
Street 3127 TRANSWORLD DR STE 270
City STOCKTON State CALIFORNIA Zip 95206
Industry description (e.g., Manufacture of motor truck trailers) RADIO
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
OR North American Industrial Classification (NAICS), if known (e.g., 336212)
Employment information
Total bourse worked by all appolaries and
year 126615
Sign here
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.
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