



## *MSCA STAR Program*

### *Safety Eligibility Form*

[Can be used in lieu of the required OSHA 300A forms]

*Company* \_\_\_\_\_

*Address* \_\_\_\_\_

\_\_\_\_\_

*Contact Person* \_\_\_\_\_

*Telephone* \_\_\_\_\_

*Fax* \_\_\_\_\_

- ***Number of Service Work Hours***  
Record total number of service work hours \_\_\_\_\_
- ***Number of Fatalities***  
Record all service work related fatalities  
(Column G of OSHA Form 300A) \_\_\_\_\_
- ***Number of OSHA Recordable Injuries***  
Record Total number of service work related Injuries  
(Total of Columns H, I & J of OSHA Form 300A) \_\_\_\_\_
- ***Number of Lost Workday Cases***  
Record total number of service work related Lost Workday Cases  
(Column H of OSHA Form 300A) \_\_\_\_\_

Year: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_