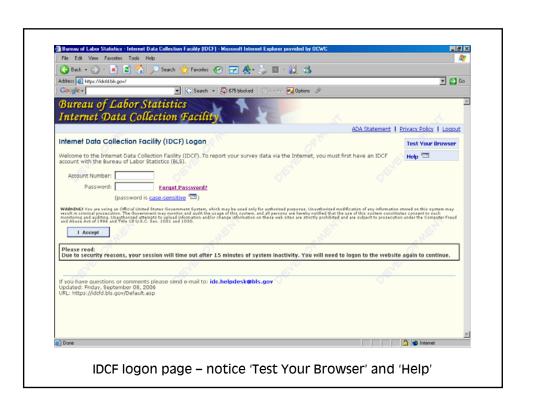
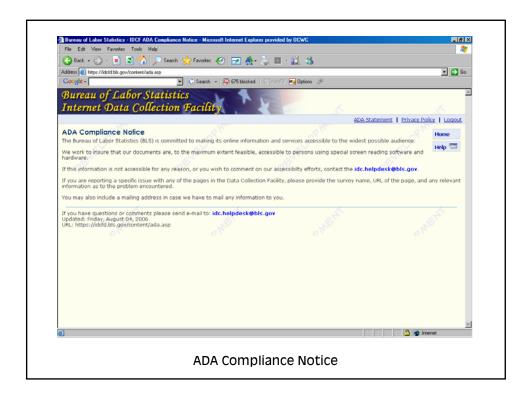
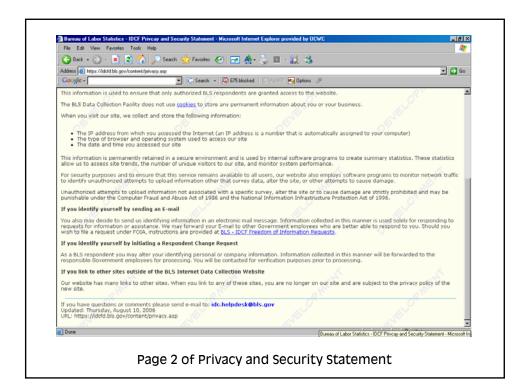
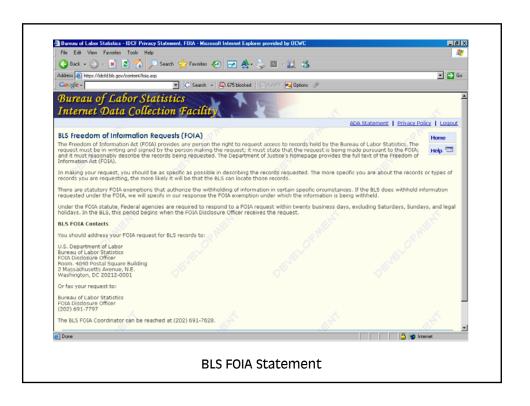
The Gatekeeper

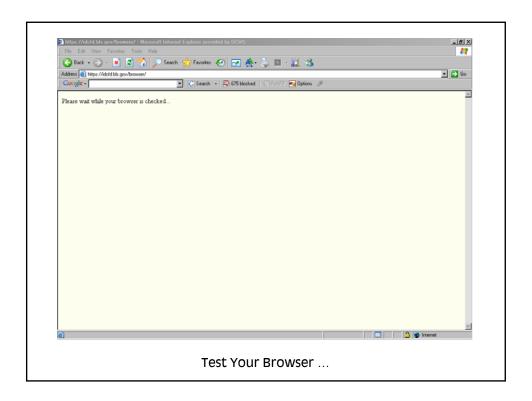


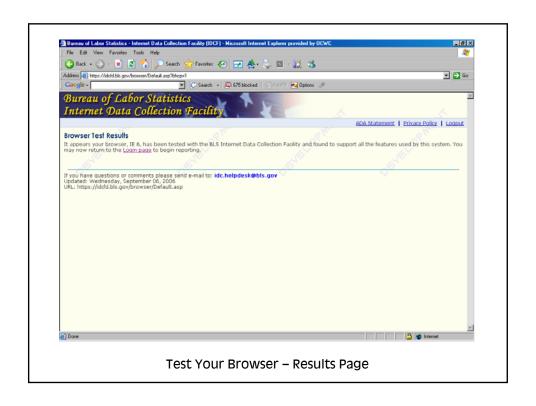


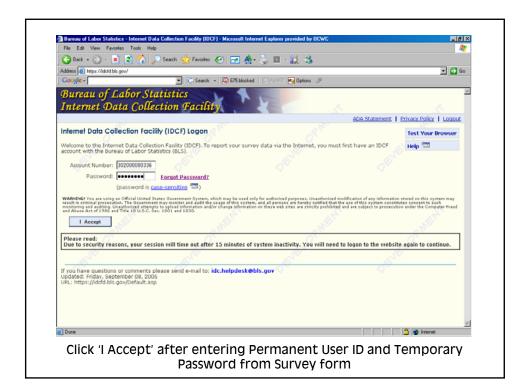


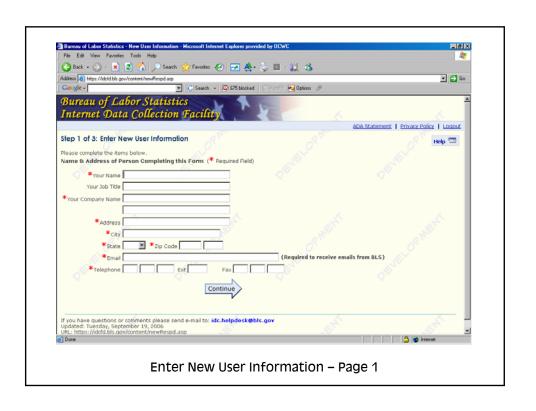


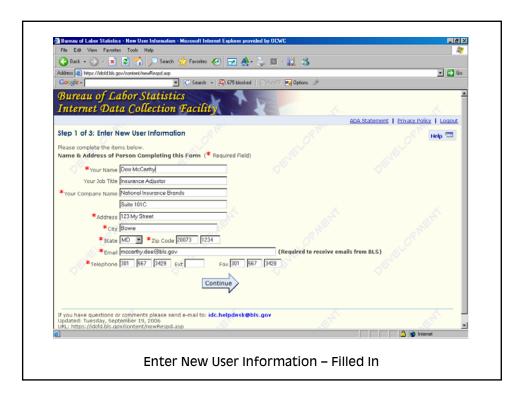


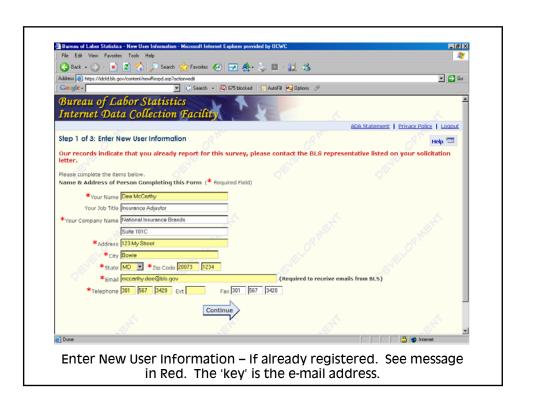


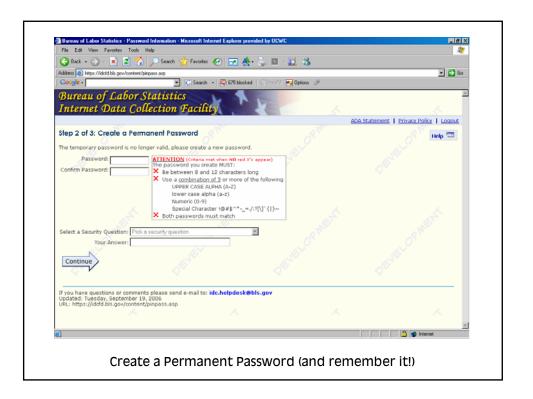


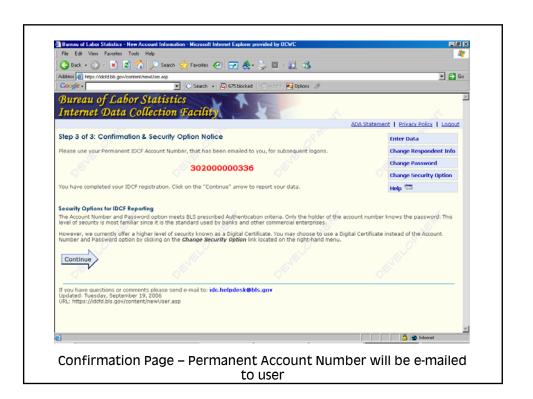


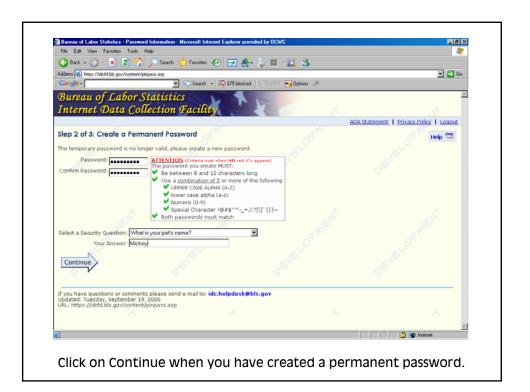


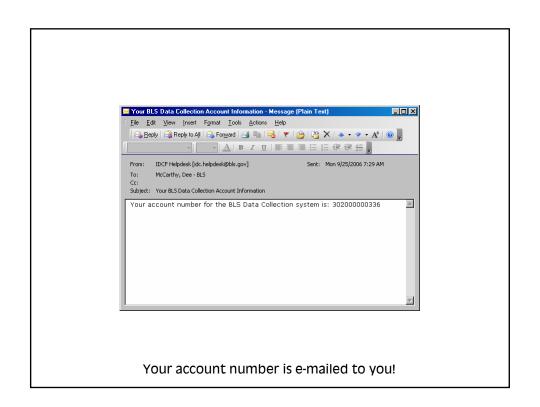


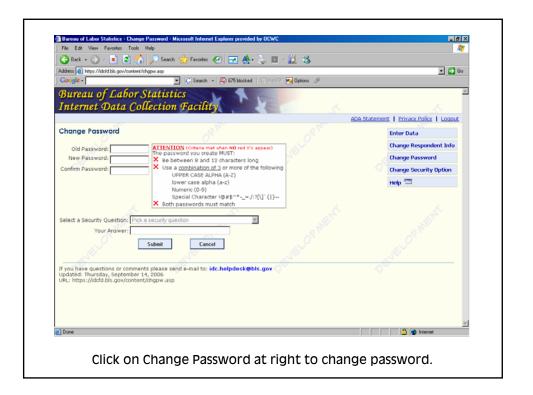


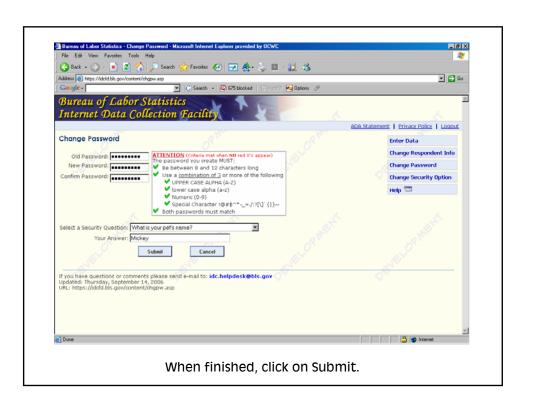


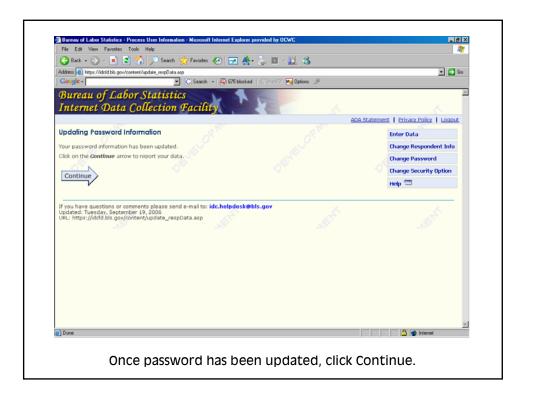


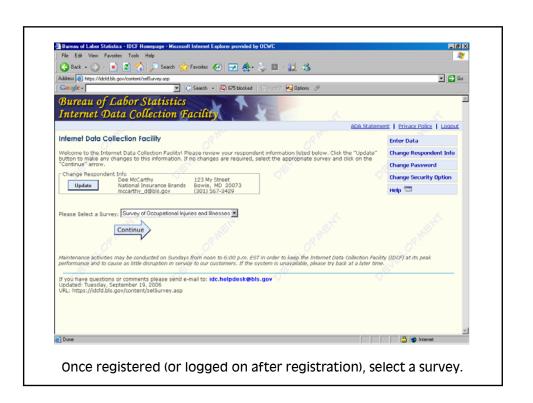


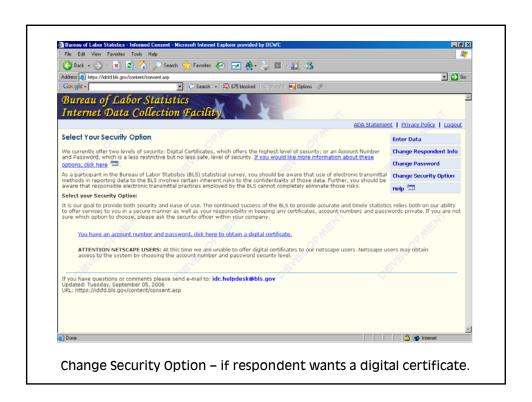




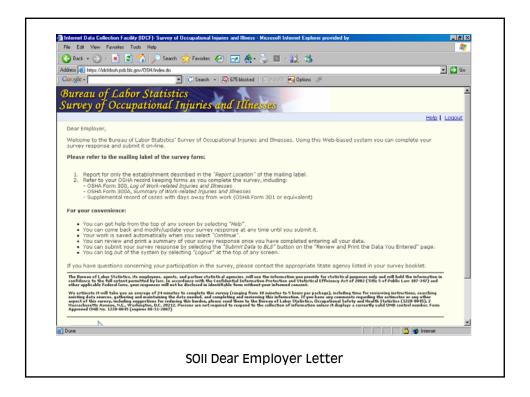


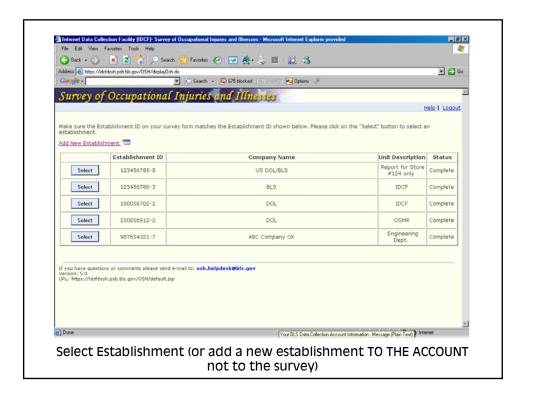


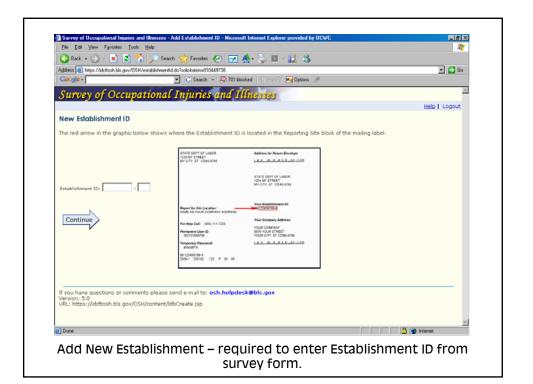


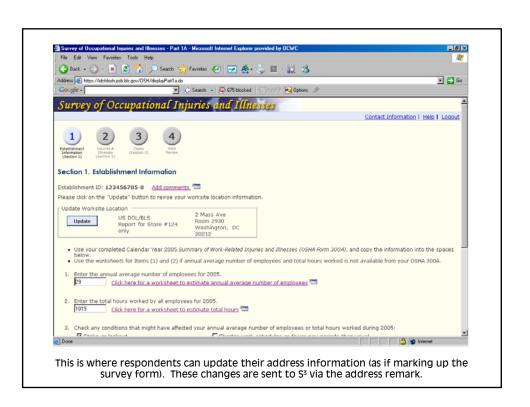


The SOII Instrument

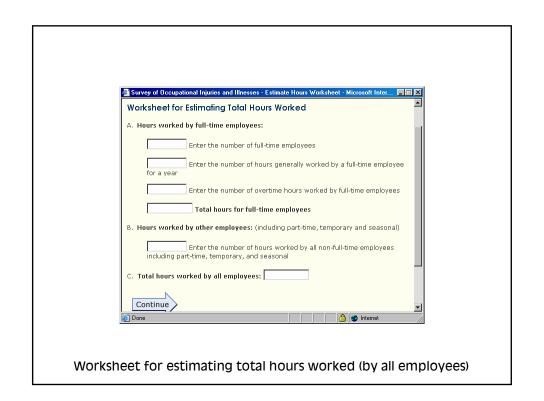


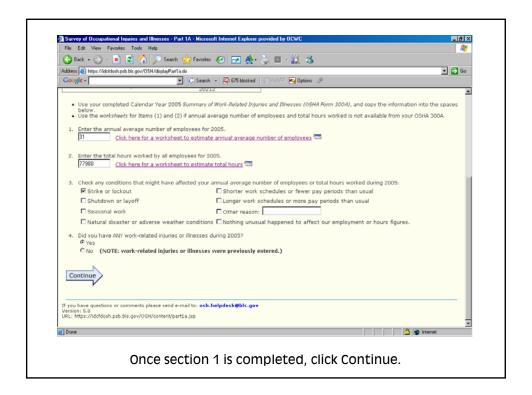


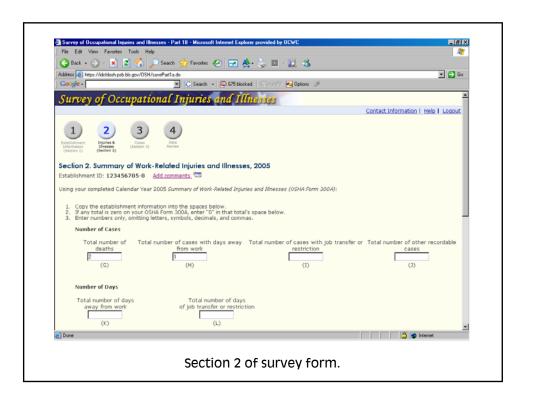


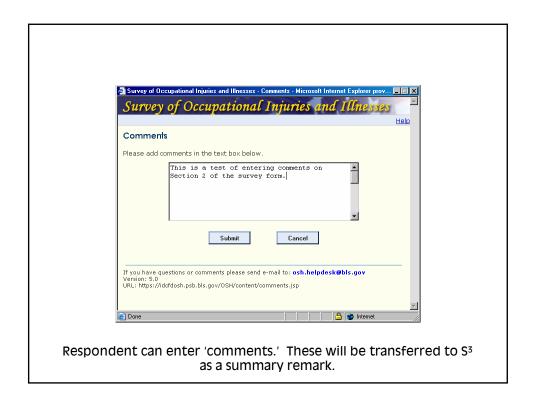


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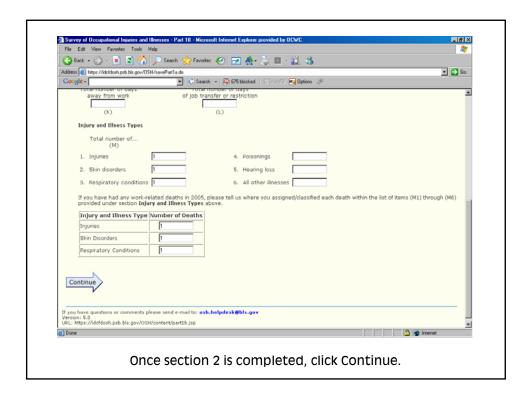


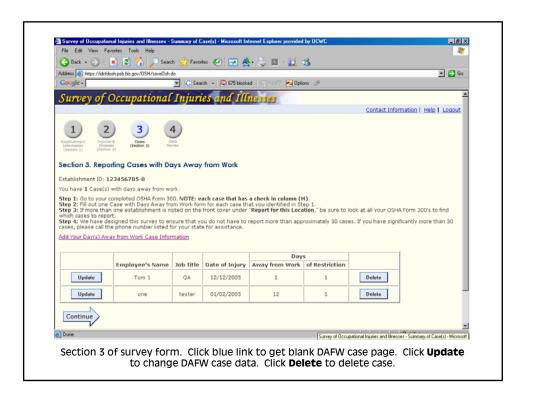




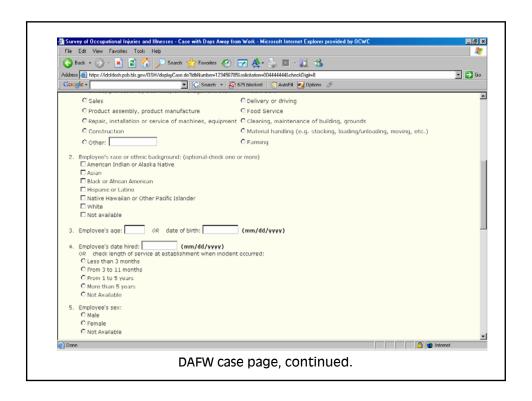


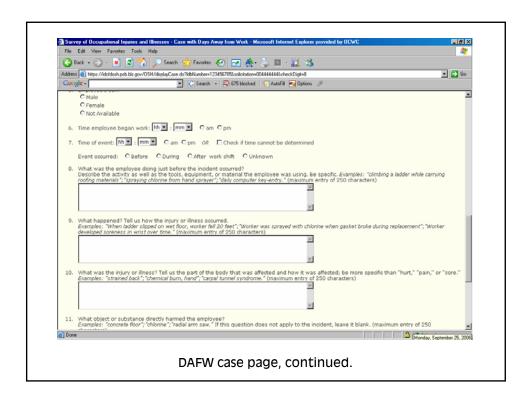


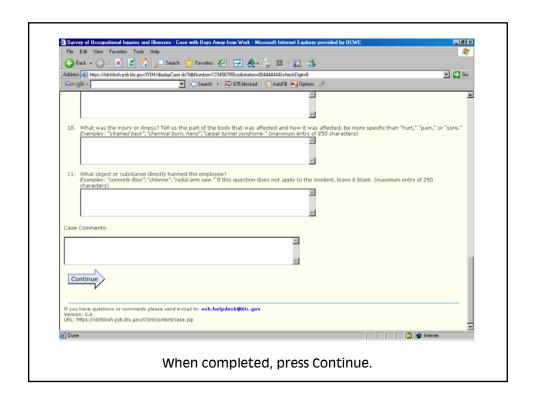




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 Your completed copy of your OSHA Form 300 for 2005. Your completed copies of supplementary documents about the case, such as workers' compensation report, an accident the Injury and Illness Incident Report, OSHA Form 301. 	report, an insurance form, or
Tell us about a 2005 work-related injury or illness ONLY if it resulted in days away from work.	
Employee's name (column B)	
Job title (column C)	
Date of injury or onset of illness	
Number of days away from work	
(column K)	
Number of days of job transfer or restriction (column L)	
Check the category which best describes the employee's regular type of job or work: (optional)	
C Office, professional, business, or management staff C Healthcare	
C Sales C Delivery or driving	
© Product assembly, product manufacture © Food Service	
C Repair, installation or service of machines, equipment C Cleaning, maintenance of building, grounds	Monday, September 25, 200
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Your Date of Injury or On	set of Illness must be in the format mm/dd/yyyy	
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