



UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

5100
SAFE
20 Jan 2016

From: Director of Safety
To: Distribution

Subj: INJURY/ILLNESS SUMMARY FOR CALENDAR YEAR 2015

Ref: (a) 29 CFR 1904.32(b)(6)

Encl: (1) Summary of Calendar Year 2015 Work-Related Injuries
and Illnesses (OSHA Form 300A)

1. Enclosure (1) is the calendar year 2015 annual summary of work-related injuries and illnesses for MCIEAST-MCB Camp Lejeune. Please comply with the requirement in reference (a) and ensure the annual summary is posted on all official bulletin boards from 1 February through 30 April 2016.

2. The summary contains the number of lost workdays and restricted duty injuries experienced by MCIEAST-MCB Camp Lejeune employees during CY15. The summary for CY15 indicates that MCIEAST-MCB Camp Lejeune had an exceptional year of mishap reduction. MCIEAST-MCB Camp Lejeune reduced our Total Case Incident Rate (TCIR) to 4.11, Days Away Case Rate (DART) to 2.85 and the Lost Time Case Rate (LTCR) to 1.48.

3. We can attribute our successes to increased supervisor and employee involvement in our safety programs and the CG MCIEAST-MCB Camp Lejeune's Voluntary Protection Program (VPP) Initiative.

4. Please share the 2015 annual summary with your workforce to encourage every employee to work safely, identify, report, and abate occupational hazards before an injury occurs.

5. Point of contact is the Director of Safety, 451-2082 or email:ronald.sarmiento@usmc.mil.


R. SARMENTO

Distribution: A Category I Only
CO, H&SBN
CO, WTBN
DOS, MCIEAST

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2015

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0178

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 1904.45; 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
0	54	50	46
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
578	4174
(K)	(L)

Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	140	1	1	0	3	5

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 20220. Do not send the completed forms to this office.

Establishment Information

Your establishment name MCEAST CAMP LEJ, BUILDING 58, VIRGINIA DARE DRIVE
 Street: MCEAST CAMP LEJ, BUILDING 58, VIRGINIA DARE DRIVE
 City: CAMP LEJEUNE State: NORTH CAROLINA ZIP: 28542-0004
 Industry description (e.g., Manufacture of motor truck trailers)
DDO CIVILIAN MILITARY INSTALLATION INFRASTRUCTURE SERVICES
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)
9 2 8 1 1 0

Employment Information

Annual average number of employees APE: 1880 NAF: 2,388
 Total hours worked by all employees year to date APE: 3,818,134.04 NAF: 3,764,109

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.

T. R. McPARTY
 T. R. McPARTY
 Chief of Staff
 Title
 (910) 457-2523
 Phone
 20 Jan 2016
 Date