# **CASE FILE DIARY**

		CASE FILE DIAKT		
ESTABLISI	HMENT NAME SeaWorld			
Complaint/f	Referral/Event #	Inspection 1602695		
DO CSHO	#	сsно # <mark>(b) (7)(С)</mark>	To AAD 11/4/2022	
Date Recei	ved 6/13/2022	Assignment # 15	To IMIS	
Employer C	Called	Date of Inspection 6/16/22	Lab Samples Sent	
FAX/Letter	Sent	Date of Follow-up	Lab Results Rec'd	
Response I	Due	Cites Issued	To DCAT	
Response I	Received	Contest Date	To SOL	
Comments:	,	JL.	1	
DATE		ACTION		INITIALS
6/16/2022	Dispatched to SeaWorld for an employer report of a workplace accident.			
	Exposed photographs, Employ	yee interviews, Documents request	a)	
	Conducted opening conference	e		
6/17/2022	Updated OIS, Entered all emp	loyee/employer data. Conducted hi	story search.	
7/13/2022	Victim Interview. Documents r	eview		
9/1/2022	Victim Interview #2. Closing co	onference with Safety Manager.		
9/28/2022	Draft citations, draft Safety na		720000	
10/31/2022		rative. Uploaded all documents into	OIS.	
11/4/2022	File Forward to AAD for review	ν,		1
,				

### U.S. Department of Labor

Occupational Safety and Health Administration Orlando Area Office 6101 Chancellor Drive, Suite 1140 Orlando, Florida 32809



SeaWorld of Orlando 7007 Sea Harbor Drive Orlando, FL 32821

RE: Inspection #1602695

Dear Employer:

The inspection conducted on June 16, 2022, at a workplace, located at 7007 Sea Harbor Drive, Orlando, Florida 32821, disclosed the following hazard(s):

On or about Monday, June 13, 2022, at approximately 1:30 PM, at the killer whale pool, an SR-1 Trainer, was attempting to clear debris from inside a killer whale's mouth, when unexpectedly, the whale closed their mouth with the employee's hand in it, resulting in the employee suffering multiple fractures to their right wrist.

Since no specific OSHA Standards apply, and it is not considered appropriate at this time to invoke Section 5(a)(1), the general duty clause of the Occupation Safety and Health Act, no citations will be issued for this hazard. However, in the interest of workplace safety and health, it is recommended that the company take the following steps voluntarily to eliminate or reduce employee exposure to the hazard(s) described above:

- Purchase/fabricate a longer spray hose with an adjustable spray tip to help spray every angle of the Orcas
  mouth without the employee having to adjust their posture to get a better view or reach.
  IMPACT: Providing a longer spray nozzle/wand will increase the distance the Trainers can remain from
  the whales' mouth to avoid bites or bumps.
  - Develop and train/retrain employees on a newer updated procedure to clean debris from an Orcas mouth, and on the dangers and safe minimum distance or minimum safe zone when dealing with the Orcas on the Observation Ledge.

IMPACT: Situation/distance awareness will decrease or eliminate the chances of the whale grabbing or biting employees.

Your support in protecting the health and safety of your employees is necessary and appreciated. If you have any questions please do not hesitate to contact me.

This letter need not be posted.

Sincerely,

Sarah T. Carle Area Director

#### SAFETY NARRATIVE

Establishment Name	Sea World of Orlando
Inspection Number	1602695

#### COVERAGE INFORMATION:

This inspection was based upon an employer report of an injury that occurred on June 16, 2022, of one employee who was bit by an Orca Whale on June 15, 2022, after a show at the parks Orca pool.

Interstate commerce was based upon the employer's use of goods and supplies manufactured throughout the United States and delivered to the SeaWorld complex via the interstate trucking system.

#### NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

X Referral Items

X Accident Investigation Summary & Findings

### NATURE AND SCOPE – UNUSUAL CIRCUMSTANCES (Mark X and explain all the apply:)

X None

#### **OPENING CONFERENCE NOTES:**

On or about June 16, 2022, CSHO presented credentials and conducted an opening conference with Ms. Michelle Poth, Environmental Safety and Health Manager for SeaWorld, Orlando, FL. The nature and scope of the inspection was explained to Ms. Poth.

#### INCIDENT:

An employee of SeaWorld and employed as a Senior Trainer working with Orcinus Orca. According to the Employer Ms. Poth one employee suffered multiple fractures to their right forearm and wrist when they were bit by a whale after working a performance at the Orca Pool.

### FINDINGS:

According to Witness and employer interviews as well as interviews with the victim, it was established that, on or about June 15, 2022, after an Orca show at the SeaWorld performance pool, trainers observed that the Female Orca, Malia, NOAA #NOA0006378, a 15-year-old whale weighing approximately 5500 pounds had some debris (paint and food chips) among her teeth and roof of her mouth. Malia, one of three Orca in the performance pool, were moved to an adjacent Medical Pool behind the performance stage. Once in the Medical pool the victim asked the supervisor for permission to clean debris from Malia's mouth. The procedure was approved by Mr. Justin Boepple and the victim following the written procedures called Malia onto the pool edge by giving the command to "chin up". Once on the pool edge, the victim gave the command to squirt at which time Malia squirted water from

her mouth. The victim then gave the command to open mouth, which Malia did. A piece of debris was still observed on the roof of Malia's mouth directly behind her front teeth. The victim retrieved a pressurized pump spray bottle, filled with water and fluoride to rinse the roof of Malia's mouth to help dislodge the paint chip. The victim squirted Malia's mouth and swept the spray wand side to side. The victim went within less than 3-foot stay away rule by moving their right hand across the plane of Malia's mouth, and the spray of the water must have tickled the whales' mouth, causing Malia to close her mouth. Malia gently closed her mouth with the victim's right arm inside but immediately opened her mouth again once she felt resistance. The victim was immediately treated for the injury and transported to Orlando Medical Center where they underwent surgery to repair the multiple fractures to the right forearm and wrist.

The employer has a comprehensive Safety and Health Program and a written policy/procedure for Whale Husbandry steps to follow when handling approaching the Orca.

The employer conducts Safety and Health training to its employees as well as weekly Toolbox reminders and daily JHA to each interaction with the Orca and what hazards the employee could encounter.

The employer conducts hourly, daily, and weekly inspections of the workplace as well reviewing all JHA for interactions with the Orca.

The employer conducts weekly reviews of the OSHA 300 logs and written statements from Employee Foreman Crew leads concerning near miss incidents and violations of the Safety and Health Program by employees.

Cleaning debris from the whale's mouth is conducted by trainers as follows:

- Bring the whale into a medical pool or a pool adjacent to a medical pool
- Ask the whale to "chin up" or slide out on the ledge of the pool edge
- Ask the whale to open its mouth by giving the signal for mouth open behavior
- Based on conditions that exist including, but not limited to, trainer safety, environmental factors, and animal welfare, use one of three methods to flush debris from the whale's mouth: tooth flush kit; use of a ¾" water hose to wash out the mouth; or use of squirt (trained) behavior
- Once complete, bridge (blow whistle) for the mouth open behavior to end. Reinforce as appropriate.

#### HAZARD COMMUNICATION PROGRAM

Written Program (co	mplete)
X Yes	No
SDS's (all)	
X Yes	_ No
Labeling (adequate)	
X Yes	_No
Training (complete)	

X Yes	No
Copy of MSDSs/F	Program attached
Yes	X No

#### EVALUATION OF EMLOYER'S OVERALL SAFETY AND HEALTH PROGRAM

General Industry:

X Yes	_ No	Employer has a Safety & Health Program
X Yes	_ No	Written
Yes	X No	Copy Attached

### **Evaluation of Safety and Health Program**

(0=Nonexistent 1=Inadequate 2=Average 3=Above average)

- 2 Written S&H Program
- <u>3</u> Communication to Employees
- 3 Enforcement
- 2 Safety Training Program
- 2 Health Training Program
- 3 Accident Investigation Performed
- 2 Preventive Action Taken
- **3** COVID-19 Mitigation Strategies

Comments: The employers Safety and Health program was scored as average and above average based upon the information and documents reviewed by CSHO.

#### EMPLOYER INTERVIEW:

Ms. Michelle Poth, Safety Manager for SeaWorld, Orland: On or about June 16, 2022, Ms. Poth provided CSHO with written procedures and explanations of how husbandry tasks are conducted by SeaWorld Employees.

Cleaning debris from the whale's mouth is conducted by trainers as follows:

- Bring the whale into a medical pool or a pool adjacent to a medical pool
- Ask the whale to "chin up" or slide out on the ledge of the pool edge
- Ask the whale to open its mouth by giving the signal for mouth open behavior
- Based on conditions that exist including, but not limited to, trainer safety, environmental factors, and animal welfare, use one of three methods to flush debris from the whale's mouth: tooth flush kit; use of a ¾" water hose to wash out the mouth; or use of squirt (trained) behavior
- Once complete, bridge (blow whistle) for the mouth open behavior to end. Reinforce as appropriate

The written whale husbandry procedure for cleaning debris from a whale's mouth is as follows:

during mouth husbandry, a trainers' hands must remain outside of the whales' mouths unless supervisor approved. In addition, only trained personnel may perform this task. The written procedures are trained and reinforced regularly and are acknowledged annually. Due to the confidential and proprietary nature of the written whale husbandry procedures and all standard operating procedures involving interactions with whales, a copy may be reviewed during regular business hours at the park.

Company policies and procedures provide that a variety of responses may be applied by a trainer based on the circumstances and behaviors presented, up to an including the emergency response plan (ERP). The ERP SOP generally describes its scope and purpose, duties and responsibilities of responders including communications, procedures for responders, alarms and emergency equipment deployment and locations, and responder annual training and quarterly drills. Due to the confidential and proprietary nature of the written whale ERP procedures and all standard operating procedures involving interactions with whales, a copy may be reviewed during regular business hours at the park.

#### **CLOSING CONFERENCE NOTES:**

Jointly

On September 1, 2022, CSHO conducted a closing conference with Ms. Poth, Safety Manager, SeaWorld. CSHO discussed all potential violations and potential penalties. CSHO informed Ms. Poth of the company's rights following the OSHA inspection, i.e. abatement assistance, contest, informal conference and consulting programs. Additionally, Ms. Poth was encouraged to contact the Orlando Area Office immediately upon receipt of any violations to discuss penalties and or other concerns.

Were any unusual circumstances encountered such as, but not limited to, abatement problems, expected contest and/or negative employer attitude? If yes, explain below:

XYes \_\_ No

Closing Conference Checklist ("X" as appropriate)

\_\_ No Violations Observed
X Gave Copy Employer Rights
X Reviewed Hazards and Standards
X Discuss Employer Rights/Obligations
X Encouraged Informal Conference
X Offered Abatement Assistance
\_\_ Discussed Consultation Programs
\_\_ Employer/Employee Questionnaires

Closing Conference held with Employee Representative

Separately

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

# **Inspection Report** July 14, 2022 5:00 AM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0419730	(b) (7)(C	X4188	1602695		

Establishment Nam	e Sea World	l of Orlando	Doing Business	As (DBA)		
Ownership Type	Private Sector	Type of Business	Corporation	Primary NAICS		0 - Amusement neme Parks
Site Address	7007 Sea Harbor Drive Orlando, FL 32821	Site Phone	(407) 363-2403	Extn	Site FAX	
Business Address	7007 Sea Harbor Drive Orlando, FL 32821	Business Phone	(407) 363-2403	Business FAX		
Mailing Address	7007 Sea Harbor Drive Orlando, FL 32821	E-mail	michael.lunsfor d@seaworld.co m	Mobile Phone		USA
Site Activity	Whale encounter show.	Site NAICS	713110		Days on Site	3
Federal EIN		DUNS		Temporary or Fixed Site?	N	-
State Estab Id		DUNS plus4		CAGE Code		
Construction Type						

Parent Company Legal Name		Parent Company Trade Name/DBA		
Parent Company Address	Phone Number		Extn	
TIN / EIN	•	DUNS		
CAGE Code		DUNS plus4		

		lance of the control			
Entry	06/16/2022	01:30 PM	First Closing Conference	06/16/2022	03:45 PM

Opening Conference	06/16/2022	01:45 PM	Second Closing Conference		
Walkaround	06/16/2022	02:00 PM	Exit	06/16/2022	04:00 PM

Inspection Initiating Type	Referral-Employer Reported	Secondary Type	
Other Initiating Type		Inspection Category	Safety
Scope of Inspection	Partial	Reason No Inspection	
Migrant Farm Worker	N	Expln. for No Insp.	
State Strategic Initiatives			
National Emphasis			
State/Local Emphasis			
Primary Emphasis			

			Addition	al Codes		
Type	ID	Value	Description			
Employe Establish		(b) (4	Walkaround?	Y	Advance Notice?	N
Covered	By Inspectio		Interviewed?	Y	Flag for Follow- up	N
Controlle Employe	100		Union?	N	Reason for Follow-up	
Is this Co	ompany a curr or?	rent federal	N	177		

Related UPA				
Activity Number	Number Activity Type Establishment Name			
1905860 Referral Sea World of Orlando				

Related Inspections				
Inspection Number Related Inspection Type Establishment Name				

# **SVEP Information**

SVEP Case?	Post Citation SVEP Action	Post Citation SVEP Action Date	Is this inspection related to a previous SVEP inspection?
N			N
Is an Imminent Danger Notice included in this case?	Date Imminent Danger Notice was issued	Were Enhanced Settlement Provisions Used?	Did the company implement a SHMS program?
N			

		Employer	Representatives Con	itacted	
Name	John Paul	Job Title	VP of Marine Rescue	Occupation	VP of Animal Rescues
Address	7007 Seaworld B			Interviewed?	Y
Home		Mobile	(b) (7)(C)	Fax	
Email			Participation		Credentials, Opening Conference, Closing Conference, Walk Around
		Er	nployees Contacted		
Name	Justin Boepple	Job Title	Trainee Supervisor	Occupation	Mamal Husbandry
Address	(b)	(7)	(C)	Interviewed?	Y
Home		1 2		Fax	
Email			Participation		Credentials, Opening Conference
	*	Er	nployees Contacted		- A
Address Home Email					(C)

		Er	nployees Contacted		
Name	Michelle Poth	Job Title		Occupation	
Address	FL		(1-) (7-) (6-	Interviewed?	N
Home		Mobile	(b) (7)(C)	ax	
Email			Participation	-	Credentials, Walk Around

Penalty Adjustment Factors				
Size Reduction	0%	Size Justification	System set it to 0% based on the number of employees controlled.	
Good Faith Reduction	0%	Good Faith Justification		
History Reduction	0 %	History Justification		

Denial of Entry				
Denial Date/Time	Stage	Reason	Re-entry Date/Time	

CSHO Signature	Date	
Corro orginature	Date	

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

# **Investigation Summary**

Reporting ID	Investigation#	UPA Number	Event Date	Event Time	Construction
0419730	147062	1905860	06/13/2022	01:30 PM	No

# **Establishment Info**

Establishment/DBA	Sea World of Orlando
Name	

### **Site Information**

Street Address 1	7007 Sea Harbor Drive					
Street Address 2						
County	ORANGE	ORANGE				
City	Orlando State FL Zip Code 32821					

### Event

Type of Event	Trainer was bit by a Whale			
	Numb	er of Employees		
Fatalities	Hospitalized	Non-Hospitalized	Unaccounted	
0	1.	0	0	

### Abstract

What was employee doing just before incident occurred?	Cleaning the mouth of a female Orca
What happened?	Employee was bit by an Orca.
What was the injury or illness?	Bruises to right lower forearm, multiple fractures of the wrist and forearm.
What was the object or substance that directly harmed the employee?	The Whales mouth

Victim	-
Injured/Deceased Name	(b) $(7)$
Gender	
Age	
Victim Injury	Hospitalized
Cause	Bite; sting; or scratch
Nature of Injury	Fracture, Bruise/contusion/abrasion, Cut or laceration
IMMLang?	N

# **Construction Related Details**

# **Basic Information**

Construction?	No

# **Construction Information**

Is this a Building Site?		
Number of Stories (if building site):	Type of Construction:	
Height in Feet (if not building site):	Description if Type of Construction is "Other":	
Construction End Use:		

# **Incident Information**

Operation Performed At Event:	Distance of the Fall (in feet):	
Worker height above ground/floor) before fall (in feet):		
Cause of Accident:	Description if Cause of Accident is "Other":	

# Summary of Work-Related Injuries and Illnesses



Occupational Safety and Health Administration

Form approved OMB no. 1216-0176

All establishments covered by Part 1904 must complete this Summery page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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.

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	10	72	8
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	the management of the control of the
64		1725	
(K)		(L)	
Injury and Illness T	ypes		
Total number of (M)		and the statement of th	e de responsación y la misma de la manual y de la media de la misma de la mism
(1) Injury (2) Skin Disorder (3) Respiratory	89 1	(4) Poisoning (5) Hearing Loss	0
Condition	0	(6) All other illnesses	n

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-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Tour estat	lishment name	SeaWorld (SWF)	SeaWorld Parks		
Street		7007 Sea	Harbor Drive		
City	Orlande	State	FL	Zip	32821
Industry de	escription (e.g., Mar	nufacture of motor truck	trallers)		
The	me Park				
Standard I	ndustrial Classificat	tion (SIC), if known (e.g	., SIC 3715)		
OR Orla	ndo	<u> </u>			
North Ame	ricen Industrial Cla	ssification (NAICS), if k	nown (e.g., 336212)		
	unitespositio 2		entre de la company de la comp		
imployment i	nformation	1	7 T		
Annual av	erage number of en	nployees			4
Total hour	s worked by all emp	olovees last year			
24	V 500000	*********		N.	,
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Knowing!	at I have examined ate, and complete.	this document and that		100 <del>-</del> 100 c.	entries are

# Summary of Work-Related Injuries and Illnesses



Form approved ONB 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 and accurate

before completing this summary.

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 ferms.

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	11	155	30
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
95		4286	
(K)		(L)	
Injury and Illness	Types		(3.05)
Total number of (M)	national last permentals designated designs are publications and	galgar valadige och der Sterring gir ( 1977) gi det ord generaliga (465 delition) valadien (555 Abrell).	alak de per distribuer (i Miller volender) (i Austribus) et kind i Sidd
(1) Injury	191	(4) Poisoning	0
(2) Skin Disorder	2	(5) Hearing Loss	0
(3) Respiratory			

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-3544, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office,

Your establishment name	SeaWorld	SeaWorld Parks		
Street	7007 Sea l	Harbor Drive		
City Ortando	State	FL	Zip .	32821
Industry description (e.g., Ma	anufacture of motor truck	trailers)		
Thome Park				
Standard Industrial Classifica	ation (SIC), if known (e.g	., SIC 3715)		
OR Criendo				
North American Industrial Cl	assification (NAICS), if k	nown (e.g., 336212)		
	TOTAL STREET, CARRIES AND STREET, CARRIES			
Employment information	i i	7 ·		
	937			
Annual average number of e	mployees			
Total hours worked by all em	ployees last year		1	
	1.5			
V (C				
Sign here				
Sign here Knowingly falsifying this d	ocument may result in	a fine.		
Knowingly falsifying this d	ESC No. a man and a man and a man a m		wedge the	entries a
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Knowingly falsifying this d	this document and that		120	

# Summary of Work-Related Injuries and Illnesses



Form approved CMB 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 and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the total's below, making

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.

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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	7	73	28
(G)	(H)	(1)	(J)
Number of Days	SANTENS		HE THE BUILDING
Total number of days away from work	5. <b>\$</b> 12. \$ 1. \$ 1. \$ 1. \$ 1. \$ 1. \$ 1. \$ 1.	Total number of days of job transfer or restriction	outer to a some five and the con-
82		1884	
(K)		(L)	
Injury and Iliness	Types		
Total number of (M)	Transmission Transmission (MINISTER TRANSMISSION )		THE STATE OF THE S
(1) Injury	98	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	5	(5) Hearing Loss	0
Condition	1	(6) All other illnesses	4

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-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your estal	blishment name	SeaWorld	SeaV	Vorld Parks	
Street		7007 Sea Harb	or Drive		
City	Orlando	State	FL	Zip	32621
Industry d	escription (e.g., Manufac	ture of motor truck trail	ers)		
The	me Park				
Standard	Industrial Classification (	SIC), if known (a.g., SI	C 3715)		
OR Oria	ndo				
North Am	erican Industrial Classific	ation (NAICS), if know	n (e.g., 336212)		
-					
mployment	information	-	1000000		
Annual av	erage number of employ	rees			. )
Total hour	rs worked by all employe	es last year	$\sim$ $_{\prime}$		•
		_			-
ign here					
Knowing	ly falsifying this docum	ent may result in a fi	ne.		
I certify the	at I have examined this a grate, and complete.	document and that to t	ne best of my kno	owledge the	entries a
1	11 V16	) )	~	_	
	1 10	10	PARK	- TRE	SI DE
	Company executive		,	Title	
			1/2	19/21	

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2020	
J.S. Dep	artment	of Labor

You mu away fr physicis	om work, or medical to an or licensed health o	eatment beyond are professional	first ald, Y You must	ury or illness that involves loss of ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagrand illnesses that meet any of the specific rec	ransfer	r, days by a criteria		ent SeaWorl			Forn		oved ON		1218-01	76
report (	n 29 CFR 1904,8 throu OSHA Form 301) or e SHA office for help.	gh 1904.12. Fee quivalent form fo	il froe to us r each injur	y or illness recorded on this form	u need to. You must complete an injury and ill i. If you're not sure whether a case is recordab	ness in le, call	VOUL	City			_ s	tate _		FL			
(A) Case No.	dentify the person (B) Employee's Name	(C) Job Titte (e.g., Walder)	(D) Date of injury or	(E) Where the event occurred (e.g. Leading dock porth	(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHE	offy the case CK ONLY ON d on the mo- case:	IE box for e st serious o		of days or II) wo	ne number the injured wker was:	Ched		njury* co type of			ie one
			onset of illness (mo./day)	end)	injured or made person ill (e.g. Second degree burns on right forearm from	Death (G)	Days away from work	Remai	r Other record- n able cases	Away	On job transfer or restriction (days)	(3) Injury (3)	Skin Disorder	Respiratory	A Poisoning	9 Hearing Loss	All Other Illnesses
/		17		101	Skin imitation to lower legs from contact with dirt				8	0	0	2					
		\ /			Right finger pain after pulling plastic wrap off of a pallet				<b>Ø</b>	0	0	Ø			0		
	,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Puncture wound to left lower leg from a Canary Palm thorn.			Ø		0	5	Ø					
				,	Right arm pain from pushing and pulling on ride vehicle doors		0	Ø		0	44	2					
				,	Fracture to left wrist after trip and fall incident			Ø		0	9	Ø					
					Contusion to left ankle from plastic sign that tipped over			Ø		0	20	Ø					
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# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or itiness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria Establishment SeaWorld (SWF) SeaWorld Parks listed in 29 CFR 1994.8 through 1994.12. Feel froe to use two lines for a single case if you need to. You must complete an injury and lifress incident report (OSHA Form 301) or equivalent form for each injury or lifness recorded on this form. If you're not sure whether a case is recorded, call your City State local OSHA office for help. Identify the person Describe the case Classify the case CHECK ONLY ONE box for each case (A) of days the injured. Check the "injury" column or choose one based on the most serious outcome for Job Title (e.g. Describe injury or illness, parts of body or ill worker was: type of Illness: Case Employee's Name Date of Where the event occurred that case: Welder) injury or (e.g. Loading dock north affected, and object/substance that directly onset of njured or made person ill (e.g. Second illness degree burns on right forearm from Away From On job Days away mo./day acetylene torch) Death Remained at work transfer or from work Work restriction Job transfer Other record-(days) (days) or restriction able cases Skin (G) (H) (1) (J) (K) (L) (1) (2) (3) Pain to multiple areas from unexpected 2 0 3 movements while in costume Pain to left knee from sudden movement 3 0 Ø 0 0 0 0 0 Corneal abrasions from dust blowing in left 4 0 Pain to front teeth after being struck by Ø 0 popporn maker lid Strain to right knee after walking up stairs 2 0 Ø Right thumb strain from opening bottle Ø 0 Page totals 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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 needed, and one preceded 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 Page 2 of 19 (4) (5)

Attention: This form contains information relating to employee health and must be used in

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		a n em	relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes,  Year 2020  U.S. Department of Lat Occupational Safety and Health Admini											on		
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<b>7</b> )			I(C)	Fracture to left middle finger after being		2	_	0	7	80					_	
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# Log of Work-Related Injuries and Illnesses and health purposes.

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health purposes. Occupational Safety and Health Administration

Form approved OMS no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significent work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness including report (OSFA Form 301) or required in the professional control of the professional cont Establishment SeaWorld (SWF) SeaWorld Parks State FL City Identify the person Describe the case Classify the case CHECK ONLY ONE box for each case Enter the number (A) of days the injured. Check the "injury" column or choose one based on the most serious outcome for Job Title (e.g., Describe injury or illness, parts of body type of illness: Case Employee's Name Date of Where the event occurred that case: or ill worker was: Welder) injury or onset of (e.g. Loading dock north end) affected, and object/substance that directly Injured or made person III (e.g. Second Ilness degree burns on right forearm from Away On job Days away acetylene torch) (moJday) Death Remained at work From transfer or Work restriction Job transfer Other record (days) (days) or restriction able cases (G) (H) (J) (K) (1) (4) (1) (L) (2) (3) (5) Right shoulder fracture after trip and fall 2 58 121 2 Contusion to head from piece of wearable 0 Chest contusion from strike against trash 0 boat after sudden stop Right wrist pain from using cleaning Ø equipment underwater Head contusion from striking head against 3 0 Inflammation to right wrist after lifting case of 3 0 Page totals 0 213 6 0 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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 Page 4 of 19 (2) (3) (4) (5)

# Log of Work-Related Injuries and Illnesses and health purposes.

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Occupational Safety and Health Administration

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# OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses Tenang to employee the tent and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in

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/1	- 1		71	101	Skin infection from unknown source				Ø	0	16		Ø				
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# Log of Work-Related Injuries and Illnesses information is being u and health purposes.

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J.S. Dep	artment	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first sid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call you're City FL State local OSHA office for help. Classify the case Describe the case identify the person CHECK ONLY ONE box for each case Enter the number (A) (C) (D) based on the most serious outcome for of days the injured Check the "injury" column or choose one type of illness: Job Title (e.g., or ill worker was: Date of Where the event occurred Describe injury or illness, parts of body affected, and object/substance that directly that case: Case Employee's Name (e.g. Loading dock north end) Welder) injury or onset of injured or made person ill (e.g. Second illness degree burns on right forearm from Away On job Days away Death Remained at work (mo./day) acetylene torch) From transfer or restriction Work Job transfer Other record-(days) (days) Skin Di or restriction able cases (G) (H) (1) (4) (K) (1) (2) Laceration to right 3rd finger from stationary blade 7 Right wrist pain after pushing down a lap 0 1 Right hand contusion from wrench slipping Ø 0 Ø and striking hand Right forearm pain from pushing down roller V 0 2 coaster lap bars Left wrist pain after working scheduled shift 2 0 but unknown cause Superficial abrasions to left forearm from a 0 Bat that fell from an umbrella Page totals 0 134 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disorder Public reporting burden for this collection of information is estimated to average 14 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, Page 8 of 19 (4) 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Attention: This form contains information relating to employee health and must be used in

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	HA's Form	100 200 P			rela a m emp info	ting to anner doyee matic	employee that protects to the ext	ts the confi ent possible used for occ	must be use dentiality of		U.S	S. De		ment			n
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NU.		veicery	onset of lilness (mo./day)	end)	effected, and object/substance that directly injured or made pennon ill (a.g. Second dagree burns on right forearm from acetylene torch)	Death (G)	Days away from work		ed at work	Away From Work (days)	On job transfer or restriction (days)		Skin Disorder	Respiratory	Bujuoslod (4)	G Hearing Loss	@ All Other Binesses
11	-1	15	7	101	Puncture wound from lancet found in discarded duppmeter kit				<b>2</b>	0	0		(Z,				(o,
		( /			Back pain after fall from elevated level white standing on a chair			Ø	0	0	4	<b>S</b>					
1.	- /	1.	/	( - )	Laceration to scalp after strike against object working on HVAC system					0	0	3					
					Bilateral knee pain after trip and fall white walking					0	7	Ø					
					Contusion to left lower leg caused by strike against rear bumper of trailer				Ø	0	0	Ø					
					Abrasion to left thumb after striking it against hand tool using to tighten a bolt			0	Ø	0	0						
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this offi		ashington, DC 2	0210. Dor	not send the completed forms to					rage 9 o	1 19		(1)	(2)	(3)	(4)	(0)	

# Log of Work-Related Injuries and Illnesses Information is being unand health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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Year	2020	
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or liness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical reatment beyond first aid. You must also record significant work-related injuries and linesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and linesses that meet any of the specific recording oritoria listed in 29 CPR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and liness indicator professional and liness indicator in this form. If you're not sure whether a case is recordable, call your SeaWorld Parks Establishment SeaWorld (SWF) FL City State local OSHA office for help. Identify the person Describe the case Classify the case CHECK ONLY ONE box for each case Enter the number based on the most serious outcome for of days the injured Check the "injury" column or choose one Job Titte (e.g. Describe injury or liness, parts of body Case Employee's Name Date of or ill worker was: type of illness: Where the event occurred that case: (e.g. Loading dock north end) affected, and object/substance that directly Welder) injury or injured or made person # (e.g. Second onset of illness degree burns on right forearm from Away On job Days away (mo./day acetylene torch) Oesth Remained at work From transfer or Work restriction Job transfer Other record (days) (days) or restriction able cases (G) (1-1) (1) (K) (L) (2) (3) (4) (5) (3) Left shoulder pain after pushing a large Ø 0 appliance back in place Right side head contusion after slip and 1 0 incident while walking on an outdoor Right anke pain after sudden movment Ø 0 steppine down off of a welkway curb Left anide pain after trip and fall incident 2 0 while stepping up into security booth Right car pain and redness after peforming a 0 Left knee pain after pivoting to pull open a P Page totals 0 6 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Respiratory Public reporting burden for this collection of information is estimated to average 14 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 CMB 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 Page 10 of 19 (2) (3) (4) (5) this office.

# Log of Work-Related Injuries and Illnesses information is being used for occupational safety and health purposes.

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away	from work, or medical to	eatment beyond	first aid. Y	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagn and illnesses that meet any of the specific rec-	osed b	ya criteria E	stablishme	nt SeaWorl	d (SWF	)		-0.25	wed ON ld Park		218-01	76
listed report	in 29 CFR 1904.8 throu t (OSHA Form 301) or e OSHA office for help.	gh 1904.12. Fee quivalent form fo	el free to us	e two lines for a single case if yo y or iliness recorded on this form	u need to. You must complete an injury and lille , if you're not sure whether a case is recordable.	ness in le, call	cident your C	city			_ s	tate _	WAT \$167. S-	FL			V-10-10-10-10-10-10-10-10-10-10-10-10-10-
(A)	(B)	(C)	(D)	Describe the	(F)	CHE	ify the case CK ONLY ON d on the mos	E box for ea		of days	e number the injured	Check	the "ir	jury" co	(umn o	r choos	e one
Case No.	Employee's Name	Job Title (e.g. Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right foreerin from acotylene torch)	. 0.707.707.00	Days away, from work.	Remain	ed at work Other recordable cases	Away From	On job transfer or restriction (days)	(3) Injury (3)	(S Skin Disorder	(Condition of a	Buluosiod (4)	இ Hearing Loss	@ All Other Winesses
	2)	17	7	(()	Right anide pain after stepping out of golf cart onto uneven ground causing right enide pain			Ø	0	0	10	Ø					
		<b>\</b> /			Back pain from wearing big bird costume			Ø		0	7	Ø					
1		1		1 - 1	Laceration above left eyebrow from hand drill that rotated white removing a bolt				Ø	0	0	Ø					
					Right index finger fracture from being struck by ride access gate pulled closed by a guest				Ø	0	0	Ø					
					Right arm irritation and inflammation from unknown cause but noticed after diving			Ø		0	7		Ø				
					Left anide contusion from animal contact during medical procedure			0	0	0	20	2		0			
					Page totals		0	4	2	0	44	5	4	8	0	0	0
minut need to res	tes per response, includ led, and complete and re spond to the collection o	ing time to review eview the collecti f information uni	w the instru- ion of inform ess it displa	s estimated to average 14 ction, search and gather the data nation. Persons are not required bys a currently valid OMB control so ar any aspects of this data	Be sure to transfer these totals to	the S			1	11/25		Injury	Skin Disorder	Respiratory	100	Hearing Loss	All other Mnesses
collect 200 C	ction, contact: US Depa	rtment of Labor,	OSHA Offic	be of Statistics, Room N-3644, not send the completed forms to					Page 11 d	of 19		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses and least burnoses.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of

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away f	rom work, or medical tr ian or licensed health o	estment beyond are professional	first aid, Y . You must	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related fojuries and illnesses that are diagn and illnesses that meet any of the specific rec- uneed to. You must complete an injury and ill	rensfer losed b	r, days by a criteria		ent SeaWor				20 6 1925 4111	oved OM dd Park		218-01	176
report	(OSHA Form 301) or e (SHA office for help.	quivalent form fo	er each injur	ry or illness recorded on this form.	If you're not sure whether a case is recordab	in, call	MOUR	City			_ s	state _		FL		_	
	dentify the person			Describe the	case	Class	ify the case	9									
(A) Case	(B) Employee's Name	(C) Job Title (e.g., Welder)		(E) Where the event occurred	(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHECK ONLY ONE box for each case based on the most serious outcome for that case:			utcome for	Enter the number of days the injured or ill worker was:				type of			e one
No.		weicer)	injury or onset of illness (mo./day)	(e.g. Loading dock north end)	injured or made person III (e.g. Second degree burns on right forearm from	Death	Days away from work	Remain Job transfer	ed at work Other record- able bases	Away	transfer or restriction	(M)	Skin Disorder	Respiratory	Poisoning	Hearing Loss	All Other Bnesses
	_					(G)	(H)	(1)	(4)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
					Left shoulder and right knee pain after trip and fall incident	0				0	28						
и					Left ear pain after completing a working cive			$\square$		0	7	Ø					
-				( )	Left hip strain after sudden movement while turning to speak with a guest		0	Ø		0	5	Ø					
					Left lateral incisor crown was distodged by a whistle that was resting in mouth					0	0	Ø					
					Left knee pain after stepping down from an elevated truck bed					0	14	Ø					
					Distal radial head fracture of right elbow after full from moving golf cart			Ø	0	0	21	2					
					Page totals	0	0	5	1	0	75	6	0	0	0	0	0
					Be sure to transfer these totals to	the S	Summary p	age (Form	300A) before	you po	ost it.	Injury	5	\$ 5	2	80	S
minute neede to rest	es per response, includ id, and complete and re pond to the collection of	ing time to review relew the collection of information uni-	w the instru- ion of inform ess it displa	s estimated to average 14 ction, search and gather the data nation. Persons are not required use a currently valid CMB control			•		•			한	Skin Disorder	Respiratory	Polsoning	Hearing Loss	otherilhesses
collect 200 C this of	onstitution Ave, NW, W	rtment of Labor, /ashington, DC 2	OSHA Office 20210. Do r	es or any espects of this data ce of Statistics, Room N-3644, not send the completed forms to					Page 12 c	of 19		(1)	(2)	(3)	(4)	(5)	(6)

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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physicia	om work, or medical tr on or licensed health o	eatment beyond are professional.	first aid. Y	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagn and illnesses that meet any of the specific rex	ransfer osed b	r, days ly a criteria E		nt SeaWorl			Form	35	oved ON		1218-01	76
report (clocal Of	29 GFR 1904.8 throu OSHA Form 301) or e SHA office for help. Sentify the person	gn 1904.12. Fee quivalent form fo	i free to us reach injur	e two lines for a single case if you y or illness recorded on this form Describe the	a need to. You must complete an injury and if If you're not sure whether a case is recorded.	le, call	UNIT	City		43.425	_ s	tate _		FL			
(A) Case No.	Case Employee's Name Job Title (e.g., Date of Where the event occurred No. Welder) Injury or (e.g. Loading dock north		Where the event occurred	(F) Describe injury or litness, parts of body affected, and object/substance that directly	based on the most serious outcome for that case:			based on the most serious outcome for that case:		of days or ill wo	e number the injured rker was:	Check		njury* co type of			e one
			onset of litness (mo./day)		injured or made person ill (e.g. Second degree burns on right forearm from	Death (G)	Dave alvat	Remain	ed at work.	Away From Work (days)	On job transfer or restriction (days)		Skin Disorder	(Condition	& Polsoning	@ Hearing Loss	@ All Other linesses
/1	- 1		7	101	Left foot contusion from felling food rack			<b>Ø</b>		0	23	Ø					
					Contusion on right side of head after striking gircuit box.			Ø		0	100	Ø					
1		1.	/	( )	Pain on right upper side of body ( neck, shoulder and back) after majority of shift was spent shoveling.			Ø	0	0	50						
					Head contusion after striking top of head on a desk		Ø			1	0	Ø					
					Right hand contusion from light fixture that fell while attempting to repair			Ø		0	21	0					
					Right and/o pain after stepping on a pencil causing anide to bend inward.	0		Ø		0	17	Ø					
					Page totals	0	1	5	0	1	211	6	0	0	0	0	0

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Log of Work-Related Injuries and Illnesses

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#### U.S. Department of Labor

away to	ust record information a rom work, or medical tr	eatment beyond	-related inju	ury or illness that involves loss of ou must also record significant w	f consciousness, restricted work activity or job to the related injuries and linesses that are diagrand and linesses that meet any of the specific rec	ransfer	, days		nt SeaWorl			Form		ved OM	:B107733749	218-01	3m,⊒a s 1 <b>76</b>
listed in report ( local O	29 CFR 1904.8 throu	gh 1904.12. Fee	I free to us	e two lines for a single case if yo	u need to. You must complete an injury and ill i, If you're not sure whether a case is recordab	ness in le, cali	cident	City		ne nasot	_ s	tate _		FL			en <del>a</del> cionio
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(E) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHEC	CK ONLY ON d on the mos	E box for east serious ou	tcome for	of days	e number the injured rker was:		the fir	njury" co type of			ie one
	į.		onset of illness (mo./day)	end)	injured or made person III (e.g. Second degree burns on right forearm from acetyfene torch)	Death (G)	Irom work	Remains Job transfer or restriction (I)		Away From Work (days)	On job transfer or restriction (days)	(E) Yului (E)	Skin Disorder	© Respiratory Condition	Bulsoning (	(%) Hearing Loss	@ All Other Illnesses
/1		75	7	101	Right ear pain after performing a working dive			<b>Ø</b>	0	0	12	Ø					
		1 /			Swelling in right thumb after being struck by cotton candy machine's mechanics			Ø		0	16						
1.		1 -		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Pain in right knee after leg suddenly buckled back.		$\square$			13	125	Ø					
					Left ankle pain from lifting boxes			Ø		0	10	Ø	0				
					Right eye initation after being struck by a patm tree branch while digging					0	0	Ø					
					Forehead contusion from striking against door while exiting with Items in hand		Ø		0	1	63	Ø					0
8	a (00) **********************************	·····			Page totals	0	2	3	1	14	226	6	0	0	0	0	0
minute needed to resp	s per response, includi d, and complete and re cond to the collection of	ng time to review view the collection information unle	the instru- on of inform as it displa	s estimated to average 14 ction, search and getner the data lation. Persons are not required ys a currently valid OMB control se or any aspects of this data		the S	ummary pa	ige (Form 3	00A) before	you po	st it.	Injury	Skin Disorder	Respiratory	Poisoning	Hearing Loss	1 other illnesses
collecti	ion, contact; US Depar onstitution Ave, NW, W	tment of Labor.	OSHA Offic	e of Statistics, Room N-3644, not send the completed forms to	kordansjekerne e pryg njek o regjelajne ny storeto or drag reporte angepremu zemonana e i sa ke	The state of the s	2000 A 27 A 200 A		Page 14 c	of 19		(1)	(2)	(3)	(4)	(5)	(6)

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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Year	2020	
U.S. Dep	artment	of Labor

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	dentify the person			Describe the	case	Class	ify the case	<i>pile</i> isi		, in the same							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(医) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that directly	bases that o	CK ONLY ON d on the mos case:	st serious ou	tcome for	of days	e number the injured rker was:	Check		njury" oc type of			e one
NO.	E	weiderj	injury or onset of illness (mo./day)	(e.g. Leading dock floral and)	injured or made person ill (e.g. Second degree burns on right forearm from	Death (G)	Provinces	Remain	ed at work	Away From Work (days)	On Job transfer or restriction (days)	3 tajury (3)	Skin Disorder	Respiratory	Deisoning	G Hearing Loss	@ All Other linesses
6	1	17	1	(()	Left thumb pain after striking it against a stuck locking mechanism on floor being placed to conduct ride evacuation			Ø		0	21	Ø		0			0
	,,,				Possible medical episode after entering park quality closet		0		<b>Ø</b>	0	0	9					
		•	•	•	Skin Initation after possible contact with Styrospray chemical				Ø	0	21	2					
					Laceration to upper lip after being struck by item being thrown into a dumpster by coworker				Ø	0	0	$\square$					
					Left 5th finger pain after being pinched between gate and pole			Ø	0	0	15						
			Vi-mo-	*****	Page totals	0	0	2	3	0	57	5	0	0	0	0	0
minutes needed to resp	s per response, includi i, and complete and re and to the collection of	ng time to review view the collection information unle	v the instru- on of inform ass it displa	s estimated to average 14 ction, search and gather the data lation. Persons are not required ys a durrently valid OMB control se or any aspects of this data	Be sure to transfer these totals to	the S	Summary pa	ige (Form 3	(00A) before	you po	ost it.	Injury	Skin Disorder	Respiratory	Polsoning	Hearing Loss	All other illnesses
collect	on, contact: US Depar enstitution Ave, NW, W	tment of Labor.	OSHA Office	oe of Statistics, Room N-3644, not send the completed forms to					Page 15 d	of 19		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses and health purposes.

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Form approved OMB no. 1218-0176

Occupational Safety and Health Administration

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Log of Work-Related Injuries and Illnesses

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away f	from work, or medical tr sian or licensed health o	eatment beyond are professional	first aid. Ý You must	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job ork-related injuries and illnesses that are diagrand illnesses that meet any of the specific recurs on the complete an injury and ill	nosed to	oya critéria E	stablishm	ent SeaWorl	ld (SWI	9879ATEANN F)		2022/808/220	wed ON		1218-01	76
report					. If you're not sure whether a case is recordab		Wour	Sity			_ s	itate _		FL			
8723	Identify the person			Describe the	case	Class	ify the case	0.57	5.500	ŞIAT.							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(E) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check		type of			e one
Nu		weise.)	onset of illness (mo./day)	end)	injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Job transfe	ocd at work  Other record- n able cases  (J)	Away From Work (days)	On job transfer or restriction (days)		Skin Disorder	Respiratory Condition	& Polsoning	@ Hearing Loss	@ All Other Illnesses
	1	17	4	(0)	Back pain and spasms after moving food rays down line using a twisting motion back and forth			፟		0	8	2				0	
					Allergic reaction causing difficulty breathing and vamiling after exposure to coconut.					0	0						
				<b>\</b>	Right ankle pain after stepping into a mulch ped to avoid a child running towards her			$\square$		0	18	Ø					
					Pain in right shoulder from wiping down seats.			2		0	19						
					eft toe fracture after dropping a 55 gallon trum on foot			Ø		0	33	Ø					
					Multiple contusion from trip and fall incident causing fall forward to ground		0	Ø		0	15	2	0	D			
					Page totals	0	0	5	1	0	93	5	0	1	0	0	0
minute neede to resp number	es per response, included, and complete and re pond to the collection of er. If you have any con	ing time to review wiew the collection of information unformation the organization that	v the instru- on of inform ass it displa- ase estimate	s estimated to average 14 ction, search and gather the data action. Persons are not required by a currently valid OMB control se or any aspects of this data	Be sure to transfer these totals to	the S	Summary pa	age (Form	300A) before	you po	ost it.	Injury	Skin Disorder	Respiratory	Polsoning	Hearing Loss	All other illnesses
	onstitution Ave. NW, W			ce of Statistics, Room N-3644, not send the completed forms to					Page 17 c	if 19		(1)	(2)	(3)	(4)	(5)	(6)

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of

Year	2020	
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OSHA'S FORM 300 (Rev. 01/2004)						a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.  Year 2020  U.S. Department of Lai Occupational Safety and Health Admin											an .
away fr	om work, or medical tr an or licensed health o	eatment beyond are professional.	first aid, Y You must	ou must also record significant w t also record work-related injuries	f consciousness, restricted work activity or job lock-related injuries and litnesses that are diag and linesses that meet any of the specific re-	nosed b ording	y a criteria E	stablishme	nt SeaWorl	ld (SWI	F)			oved ON Id Park		1218-01	176
report (	i 29 CFR 1904.8 throu OSHA Form 301) or e SHA office for help.	gh 1904.12. Fee quivalent form fo	n' free to us r each inju	se two lines for a single case if you ny or illness recorded on this form	u need to. You must complete an injury and it is. If you're not sure whather a case is recordal	esses that meet any or the specific recording criteria.  Tour must complete an injury and lithness incident the not sure whether a case is recordable, call your City State FL											
	dentify the person			Describe the	case	1000 A 100 A	fy the case	BE-AND BEING THE	kulli edil i				EWIO?		E.25		
(A) Case	(B) Employee's Name	(C) Job Title (e.g.,	(D) Date of	(E) Where the event occurred	(F) Describe injury or illness, parts of body		d on the mo	VE box for a st serious of	of days	nter the number f days the injured r ill worker was:			Bone's				
No.		Welder)	injury or onset of Illness (mo./day)	Delate and the second of the s	affected, and object/substance that directly injured or made person if (e.g., Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Nomali	ed at work	Away From Work (days)	On job transfer or restriction (days)		S Skin Disorder	olratory dilicon		Hearing Loss	All Other linesses
					<b>1</b> 6	(G)	(H)	6)	(4)	(K)	(L)	(1) Injury	(2)	Respiratory	Poisorring	(5)	₹ (6)
				101	Right ankle contusion after striking it on large wooden gate being opened		0	Ø		0	2	Ø					
					Right ankle pain after sudden unexpected movement of right enkle while walking		0	Ø		0	3	Ø					
		1		( )	Right hand contusion from ride vehicle gate being pulled closed by a child			Ø		0	14	Ø					
					Right shoulder pain after pushing ride vehicle boats			Ø		0	7	8					
					Right hand fracture from food trays that shifted while being transported via hand cor			Ø	0	0	22	Ø					
					Vomiting and difficulty breathing after possible exposure to known allergen				Ø	0	0			0			
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collecti	ion, contact: US Depa enstitution Ave. NW. W	riment of Labor,	OSHA Off	oe of Statistics, Room N-3644, not send the completed forms to					Page 18 o	of 19		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses and lealth purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety



You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case it single one to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your

Form approved QMB no. 1218-0176 SeaWorld Parks Establishment SeaWorld (SWF)

(F)  Describe injury or illness, parts of body affected, and object/substance that directly						e number the injured rker was:	ured. Check the "injury" colum						
injured or made person III (e.g. Second	Death (G)	Days away from work		ed af work Other record- able cases (J)	1	On job transfer or restriction (days)	(M) Contun (1)	(c) Skin Disorder	E Respiratory Condition	Bulanulug &	@ Hearing Loss		
Right shoulder contusion after stip and fall incident			Ø		0	95	<b>3</b>						

Page totals 0 0 1 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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-3844. 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to Page 19 of 19 (3)

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

# Log of Work-Related Injuries and Illnesses and leath purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Page 1 of 32

(2) (3)

Year	2021	W
U.S. Dep	artment	of Labor
unational Cafes	and Lines	Administration

Form approved CMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and linesses that meet any of the specific recording criteria. listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and filmess incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your State FL local OSHA office for help. Identify the person Describe the case Classify the case. CHECK ONLY ONE box for each case (A) (D) (C) based on the most serious outcome for of days the injured. Check the "injury" column or choose one Case Employee's Name Job Title (e.g. Date of Where the event occurred Describe injury or illness, parts of body that case: or ill worker was: type of illness: Welder) injury or (e.g. Loading dock north affected, and object/substance that directly onset of injured or made person ill (e.g. Second Ilness degree burns on right forearm from Away Days away (mo./day acetylene toroh) Death Remained at work transfer or Skin Disord Work estriction lob transfer Other record (days) (days) or restriction able cases (G) (H) (1) (1) (K) (4) (1) (2) (3) (4) (5) Right thumb laceration from contact with grill 7 0 hood edge while attempting to remove Lower back pain after slip and fall incident 1 0 S walking out of bathroom Right foot contusion after being struck by an 2 0 12 3 animal during a medical procedure Pain to upper back after stepping down off a 0 place of excavating equipment Right ankle strain after fall while walking П 1 0 down stairs causing ankle to twist Left eye redness / irritation after being struck 0 by a tree branch he was loading onto a Page totals 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data

Attention: This form contains information relating to employee health and must be used in OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	\\/
J.S. Dep	artment	of Labor

You mu away fo physicia	ast record information a om work, or medical to an or licensed health o	about every work eatment beyond are professional.	related inj first aid. Y You must	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job a ork-related injuries and illnesses that are diagn and illnesses that meet any of the specific rec-	ransfer csed b ording	, days ly a criteria		nt SeaWor			Form		wed OM		1218-0	76
listed in report (	29 CFR 1904.8 throu	ah 1904.12. Fee	I free to us	e two lines for a single case if yo	u need to. You must complete an injury and life	ness in	pident	lity			_ s	tate _		FL			84122AU
	dentify the person			Describe the	case	Class	ify the case					E E E				ya far	
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g.,	(D) Date of	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected, and object/substance that directly	base that	CK ONLY ON d on the mos case:			of days	e number the injured rker was:			njury" co type of			e one
NO.		(B) (C) (D) Where the event occur on set of illness (mo./day)  burden for this collection of information is estimated to average inches, including time to review the instruction, search and gather tiplets and review the collection of information. Persons are not collection of information unless it displays a currently valid of this average any comments about these estimates or any secrets of the collection of information unless it displays a currently valid of this average my comments about these estimates or any secrets of the collection of information unless it displays a currently valid of this average my comments about these estimates or any secrets of the collection of information unless it displays a currently valid of this		Injured or made person itl (e.g. Second	Death			ed at work	Away From Work	On job transfer or restriction	(M)	28	п	Ð	2507	Ali Other Illnesses	
i i						(G)	(H)	or restriction		(days)	(days)	(1) Injury	Skin Disorder	Respiratory	(F) Poisoning	9 Hearing Loss	(9) All Othe
	1	17		(0)	Left wrist laceration from knile blade that contact left wrist while opening bag of chicken				Ø	0	0	<b>3</b>					
L	וו				Left arm pain and weakness from unexpected movement of wheel while operating forklift			Ø		0	6	2					
				<b>V</b> . <b>Z</b> .	Strain in right elbow after lifting a box					0	18						
					Right foot contusion from falling metal barricade blown over by the wind			Ø		0	8	Ø		0			
					Left foot strain after sudden quick movement		0	Ø		0	103						
					Left shoulder pain after holding medical equipment during an animal medical procedure			Ø	D	0	45			0			
					Page totals	0	0	5	1	0	180	6	0	0	0	0	0
minuter needed to resp number	s per response, including and complete and re- ond to the collection of r. If you have any com	ng time to review view the collection Information unleading intents about the	v the instru on of inform ess it displa ese estimat	ction, search and gather the data nation. Persons are not required sys a currently valid OMB control es or any aspects of this data	Be sure to transfer these totals to	the S	Summary pa	ge (Form 3	800A) before	e you po	est it.	Injury	Skin Disorder	Respiratory	Poisoning	Hearing Loss	All other illnesses
collecti 200 Co this offi	institution Ave. NW, W	rtment of Labor, ashington, DC 2	OSHA Offi 0210. Do i	ce of Statistics, Room N-3644, not send the completed forms to					Page 2	of 32		(1)	(2)	(3)	(4)	(5)	(6)

## Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	<b>\</b>
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or Illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your City State local OSHA office for help. Classify the case Describe the case Identify the person CHECK ONLY ONE box for each case Enter the number (A) (D) of days the injured Check the "injury" column or choose one or ill worker was: based on the most serious outcome for Job Title (e.g., Date of Describe injury or illness, parts of body that case: Case Employee's Name Where the event occurred affected, and object/substance that directly No. Welder) injury or (e.g. Loading dock north onset of injured or made person ill (e.g. Second Illness degree burns on right forearm from Days away Away acetylene torch) Remained at work (mo./day) From lransfer or restriction Work Job transfer Other record-(days) (days) or restriction able cases (G) (H) (1) (J) (K) (1) (2) (3) eft chest wall confusion and right knee 0 D П abrasion from trip and fall incident Left ankle pain after stepping "wrong" 2 2 causing ankle to twist. Multiple confusions to left leg after trip and D 0 fall incident stepping over a rope Right chest wall contusion from unexpected 0 animal movement during medical procedure Abrasions to right knee and right elbow after 13 П trip and fall incident Chest wall strain while reaching to pull vines | П S 0 3 6 0 Page totals 0 407 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disorder Public reporting burden for this collection of information is estimated to average 14 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 QMB 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 Page 3 of 32 (3) (4) (6)

# Log of Work-Related Injuries and Illnesses Information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	
J.S. Dep	artment	of Labo

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single cast if you need to. You must complete an injury and illness incident

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

SeaWorld (SWE)

SeaWorld (SWE)

Additional Confession of the	SHA office for help. Jentify the person			Describe the	case	Class	ify the case																		
(A) Case No.	(B) Employee's Name	(C) (D) (E)  be Job Title (e.g., Date of Where the event occurred Welder) injury or (e.g. Loading dock north			(F) b: Describe injury or illness, parts of body th	based on the most serious outcome for that case:				based on the most serious outcome for of that case:		based on the most serious outcome for of days the that case: or ill worker		based on the most serious outcome for			t serious outcome for of		Enter the number of days the injured or III worker was:			jury" co type of			e one
illo	onset of illness (mo./day)	(e.g. Loading dock Hotel end)	affected, and object/substance that directly injured or made person it (e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work		od at work Other recordable cases	Away From Work (days)	On job transfer or restriction		Skin Disorder	Respiratory	E Polsoning	(i) Hearing Loss	@ All Other Illnesses										
	-1	17		101	Left index finger laceration from lid of tin can being opened				Ø	0	0	Ø													
		1			Swelling to left foot after being struck by an ECV.					0	7	Ø													
	/	7			Left hand contusion from being caught between opening gate and fan box			Ø		0	7	Ø													
					Abrasions and contusions to the lower legs from trip and fall.			Ø		0	10	$\square$													
					Head to contusion from fainting and striking head on a pole in restroom.					٥	0														
					Imitation to right eye after exposure to Ecotab Peroxide based cleaner.				Ø	0	0	Ø		0		0									
					Page totals	0	0	3	3	0	24	6	0	0	0	0	0								
minutes needed to resp	s per response, includ i, and complete and re and to the collection of	ng time to review view the collection information union	the instru on of inform ass it displa	s estimated to average 14 ction, search and gather the data lation. Persons are not required ye a currently valid OMB control se or any aspects of this data	Be sure to transfer these totals to	the S	Summary pa	age (Form 3	600A) before	you po	ost it.	Injury	Skin Disorder	Respiratory	Polsoning	Hearing Loss	l other Illnesses								
collecti	on, contact: US Depar enstitution Ave, NW, W	rtment of Labor.	OSHA Offi	be of Statistics, Room N-3644, not send the completed forms to					Page 4 o	f 32		(1)	(2)	(3)	(4)	(5)	(6)								

(C)

Job Title (e.g.

Welder)

Date of injury or

onset of

liness

(mo./day)

local OSHA office for help.

(A)

Case

No.

Identify the person

Employee's Name

## Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety

Year	2021	
J,S. Dep	artment	of Labor

Form approved OMB no. 1218-0176

Occupational Safety and Health Administration

Disorder

(3)

(5) (6)

You must record information about every work-related injury or itness that involves loss of consciousness, restricted work activity or job transfer, days eway from work, or medical treatment beyond first sid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or Boarsed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or liness recorded on this form. If you're not sure whether a case is recordable, call your

Where the event occurred

(e.g. Loading dock north and)

Describe the case

Establishment SeaWorld (SWF) SeaWorld Parks State City Classify the case CHECK ONLY ONE box for each case Enter the number of days the injured. Check the "injury" column or choose one based on the most serious outcome for or ill worker was: type of illness: that case: Away On iob Days away Remained at work From transfer or from work Work restriction All Other Job transfer Other record (days) (days) or restriction able cases Skin (H) (1) (J) (K) (2) (3) (4) 0 0 2 0 0 0 9 V 

Page 5 of 32

(G) Strain to left flank from pushing boats at Journey to Atlantis Back pain from moving tables Right knee pain after stepping into a floor Right index finger laceration from contat with knife blade after washing knife Imitation in right eye after contact with dust Contusion to right knuckle from being caught between food rack and wall. 0 79 6 0 0 0 0 0 Page totals

Death

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Describe injury or itlness, parts of body

injured or made person ill (e.g. Second

degree burns on right forearm from

acetylene torch)

affected, and object/substance that directly

Public reporting burden for this collection of information is estimated to average 14 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

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Adentify: This form about a trial time to the log of the extent possible while the information is being used for occupational safety and health purposes.

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eway fr	rom work, or medical tr an or licensed health o	eatment beyond are professional.	first aid. Y	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job ork-related injuries and linesses that are diagr and linesses that meet any of the specific rec	osed b	y a criteria E	Establishm	ent SeaWorl	d (SWI	F)			ved Of		218-0	76
listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and liness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.  City  Identify the person  Describe the case.								*****	s	tate _		FL		755-75	-3-10-0		
(A) Case No.	(8) Employee's Name	(C) Job Title (e.g. Welder)	(D) Date of injury or	(E) Where the event occurred (e.g. Loading dook north	(F) Describe injury or illness, parts of body affacted, and object/substance that directly	CHEC	CK ONLY O	NE box for e		Enter the number of days the injure or ill worker was;			Carlai A	njury" co type of	Ilness:		11111
		onset of alness (mo./day)	end)	injured or made person ill (e.g. Second degree burns on right forearm from	Death (G)	Job transi or restrict		Remained at work ransfer Other record- striction able cases		On job transfer or restriction (days)	(M)	Skin Disorder	Respiratory	Poisoning	G Hearing Loss	@ All Other linesses	
b	1	7		101	Left knee abrasion and ankle bruising after being struck by an ECV,	(6)	(H)		(4)	0 (80)	22	(i)	(2)	[ (3)	( <del>4</del> )		[0]
	,,,				left pinky finger pad partial severed from Sawzall			Ø		0	11	<b>2</b>					
	/	•	1	•	Pain in left for arm from pulling stacks from freezer			Ø	0	0	14	Ø		0			0
					Pain in multiple parts of body from trip and fall			2		0	8	<b>2</b>			0		
					Abrasion on multiple parts of body from trip and fall over a guest.			Ø		0	11	$\boxtimes$					
					Pain and contusion to the left thumb from being caught in loading gates			2	0	0	6	2		0			
					Page totals	0	0	6	0	0	72	6	0	0	0	0	0
minute needed to resp	s per response, includ d, and complete and re and to the collection o	ing time to review view the collection furformation union	w the instru- on of inform ess it displa	e estimated to average 14 ction, search and gather the data lation. Persons are not required ye a currently valid OMB control is or any aspects of this data		the S	lummary po	age (Form	300A) before	уон ро	ost it.	[n]nı	Skin Disorder	Respiratory	Pelsoning	Hearing Loss	other illnesses
collect	ion, contact: US Depa enstitution Ave. NW, W	rtment of Labor.	OSHA Office	es of any aspects of this data se of Statistics, Room N-3644, of send the completed forms to					Page 6	of 32		(1)	(2)	(3)	(4)	(5)	(6)

(C)

Job Title (e.g.

Welder)

Identify the person

Employee's Name

(A)

Case

## Log of Work-Related Injuries and Illnesses and health purposes.

(D)

Date of

injury or

onset of

illness

(mouday

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety

Year	2021	<i>``</i>
U.S. Dep	artment	of Labor
Occupational Safet	y and Healti	Administration

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and lilness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Where the event occurred

(e.g. Loading dock north

Describe injury or illness, parts of body

injured or made person ill (e.g. Second

degree burns on right forearm from

Right knee pain from slip and fall

Right shoulder pain from trip and fall

handrall while raft was in motion

acetylene torch)

by metal cart.

Establishment SeaWorld (SWF) SeaWorld Parks State FL Classify the case CHECK ONLY ONE box for each case Enter the number based on the most serious outcome for of days the injured Check the "injury" column or choose one that case: or ill worker was: type of illness: affected, and object/substance that directly Days away Remained at work From transfer or Work restriction ob transfer Other record-(days) (days) or restriction able cases Skin (3) (H) (K) (1) (1) (L) (2) (4) (5) (4) (3) Left knee pain from striking it on release 0 0 3 7 0 Abrasions to both hands from being struck 0 2 0 Head contusion from striking head against 1 0 P 0 П Page totals 0 0 82 6 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Page 7 of 32 (3)

Right arm pain from lifting various items throughout the day. Public reporting burden for this collection of information is estimated to average 14 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-3844. 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to

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

Attention: This form contains information relating to employee health and must be used in

Year	2021	
J.S. Dep	artment	of Labor

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away fr physicia listed in	om work, or medical tr an or licensed health of 29 CFR 1904.8 throu	eatment beyond are professional, gh 1904.12. Fee	first aid. Y You must if free to us	ou must also record significant w also record work-related injuries a two lines for a single case if you	ork-related injuries and illnesses that are diagn and illnesses that meet any of the specific red uneed to. You must complete an injury and ill	ransfer losed b ording	r, days by a criteria cident		ent SeaWor			Form		wed OM id Park		218-01	78
local Ct	SHA office for help.	quivalent form to	r each injur					City	This parties are the training	TO DESCRIPTION OF THE PARTY OF	s	tate _		FL	plane at the	et-anse	*********
E S	dentify the person	THE RUNG		Describe the	case in the grant and the same	Class	ify the case	9		i de Sebe	English			SEE !!			£ (1) 14
(A) Case No.	(8) Employee's Name	on Described (C) (D) (E) (E) Where the event occurry (e.g. Loading dock north end) (mo./day) Where the event occurry (e.g. Loading dock north end) (mo./day)	Date of	Where the event occurred	(F) Describe injury or litness, parts of body affected, and object/substance that directly	base that	d on the mo	NE box for east serious of	utcome for	Enter the number of days the injured or it worker was:		Check	the "injury" column or o type of illness:			e one	
140.				Injured or made person ill (e.g. Second	CHARLESTAP SWALL MENUS, Debit 2005		*****	1	2000	(M)			227.0014.0	To be the second	288		
			acetylene torch)	Death	Days away from work	Remain	ed at work		On job transfer or		nder.	5		088	1388 1388		
					Job transfer	Other record- able cases	(days)	restriction (days)	Injury	Skin Disord	Respiratory	Poiscalng	Hearing Loss	All Other			
						(G)	(H)	(1)	(3)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(5)
1		7			Abrasions to right leg and knee from interaction with a sea tion					0	7						
	"				Fractured right middle finger from being struck by a pallet.			Ø		0	35	Ø					
	1	1	1	•	Right arm pain after 8 hour shift of computer work			Ø		0	14	8					
					Right 4th digit contusion from being pinched between target pole and rail			Ø		0	7	Ø					
					Head laceration from striking head on door frame				2	0	0						
					Pain in right knee after squatting down.			2		0	35	Ø					
						_					1 22						
					Page totals	0	0	5	1	0	98	6	0	0	0	0	0
minutes needed to respe	s per response, includ i, and complete and re and to the collection of	ing time to review view the collection finformation unle	v the instruction of information of information of the contraction of	otion, search and gather the data ration. Persons are not required ys a currently valid OMB control	Be sure to transfer these totals to	the S	ummary p	aga (Form :	300A) before	you po	ost it.	Injury	Skin Disordar	Respiratory Condition	Polsoning	Hearing Less	other illnesses
collection	on, contact: US Depa natitution Ave, NW, W	rtment of Labor,	OSHA Offic	es or any aspects of this data to of Statistics, Room N-3644, not send the completed forms to					Page 8 o	of 32		(1)	(2)	(3)	(4)	(5)	(6) M
			THE PARTY OF THE P					TANK IN THE REST		Service Small S		- La word	THE REAL PROPERTY.		46002	The second	

## Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety

Year 2021 U.S. Department of Labor

Occupational Safety and Health Administration Form approved OMB no. 1218-0176 You must record information about every work-related injury or liness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical trestment beyond first aid. You must also report significant work-related injuries and linesses that are diagnosed by a physician or licensed health care professions. You must also report record work-related injuries and lineases that meet any of the specific recording criteria. Establishment SeaWorld (SWF) SeaWorld Parks listed in 29 CFR 1904.8 through 1904.12. Feel free to use two fines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or itness recorded on this form. If you're not sure whether a case is recordable, call your City State local OSHA office for help. Identify the person Classify the case Describe the case CHECK ONLY ONE box for each case Enter the number based on the most serious outcome for of days the injured. Check the "injury" column or choose one Caso cb Title (e.g., that case: type of Mness: Employee's Name Date of Where the event occurred Describe injury or illness, parts of body or ill worker was: affected, and object/substance that directly Weider) injury or (e.g. Loading dock north onset of injured or made person ill (e.g. Second degree burns on right forearm from Away On job Days away (moJday) agetylene torch) Death Remained at work transfer or Work restriction Job transfer Other record (days) (days) or restriction able cases (G) (H) (J) (K) (1) (1) (2) (3) Left ankle strain from unexpected movemen: 0 Ø white walking on flat surface Left knee pain after stepping down from Ø 76 0 Right shoulder pain after slip and fall from 60 standing position landing on right arm Left cornea abrasion caused by dust debris 7 0 that blew into eye while mowing grass Right 5th finger contusion after being caugh: 0 between a closing gate Swelling to right hand from contact with V 0 310 6 0 0 0 Page totals 3 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disorder Public reporting burden for this collection of information is estimated to average 14 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, Page 9 of 32 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to (2)(3) (4) (5)(6)

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	W
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your City State FL local OSHA office for help. Classify the case Identify the person Describe the case CHECK ONLY ONE box for each case Enter the number (A) (D) based on the most serious outcome for of days the injured Check the "injury" column or choose one Case Describe injury or illness, parts of body or III worker was: type of illness: Date of Where the event accurred that case: Employee's Name lob Title (e.g. affected, and object/substance that directly No. Welder) injury or (e.g. Loading dock north injured or made person ill (e.g. Second onset of degree burns on right forearm from illness Away From On job Days away from work (mo./day) acetylene torch) Remained at work transfer or Work restriction Job transfer Other record-(days) (days) or restriction able cases (G) (H) (1) (4) (K) (L) (2) (3) (4) Ringing in right ear after diving 0 3 Head contusion from striking head on locker Ø 0 19 while attempting to sit down after not feeling Right ankle pain from trip and fell incident П 2 Ø Pain to chest after being struck by falling box Z 0 Right ankle strain after stepping on uneven 2 П Throat and lung imitation after using "Perex" Ø to clean the bathrooms 0 Page totals 0 5 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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 OMS 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 Page 10 of 32 (2)

# USHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses \*\*Related Injuries\*\* Log of Work-Related Injuries

Attention: This form contains information relating to employee health and must be used in

Year	2021	W
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Occupational Safety and Health Administration

	ust record information a	about every work	-related inj	ury or illness that involves loss of	consciousness, restricted work activity or job:			ADEC ESSAUL		THE PERSON	erowersiolese:	Form	appro	ved OM	B no. 1	218-01	76
away fr	rom work, or medical tr an or licensed health o	eatment beyond are professional.	first aid. You must	ou must also record significant w also record work-related injuries	ork-related injuries and linesses that are diagn and linesses that meet any of the specific rec	osed to	oriteria E	stablishme	nt SeaWork	d (SWF	=)	Se	aWorl	ld Park	S	Zarota.	
report (					i need to. You must complete an injury and illi If you're not sure whether a case is recordable.		MOULE	Dity	Walter		s	tate _		FL			
	dentify the person			Describe the	case	Class	fy the case									NASA.	
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(E) Where the event occurred (e.g. Loading dock north			CHECK ONLY ONE box for each case based on the most serious outcome for that case;			of days or ill wo	ne number the injured orker was:	Check		njury" co type of			e one
NO.		y elder y	onset of illness (mo./day)	end)	injured or made person III (e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work		Other record- able cases	Away	On job transfer or restriction (days)	(3) Injury (8)	3 Skin Disorder	Respiratory	(3) Poisoning	(9) Hearing Loss	© All Other Illnesses
		7			Left ankle pain after stepping down off curb and falling to ground			Ø		0	6	2					
					Left leg pain from a glip and fall			Ø		0	14	Ø					
					Spasm in lower back from assisting guest of the ride.			Ø		0	14						
					Pain in left ankle after slipping off ride platform		. 🗆	$\square$		0	152	Ø					
					Mid back pain after lifting cases of water from floor level			Z		0	17						
					Lower back pain after lifting and carrying vending trays			☑		0	9	Ø	0		0		
					Page totals	0	0	6	0	0	212	6	0	0	0	0	0
minute needed to resp	s per response, includ d, and complete and re and to the collection of	ing time to review eview the collection finformation unk	v the instru- on of inform ass it displa	s estimated to average 14 ction, search and gather the data lation. Persons are not required ye a currently valid OMB control se or any aspects of this data	Be sure to transfer these totals to	the S	Summary p	age (Form S	800A) before	you po	ost it.	Injury	Skin Disorder	Respiratory	Poisoning	Hearing Loss	All other illeasses
collecti	ion, contact: US Depa enstitution Ave, NW, W	rtment of Labor,	OSHA Office	as or any aspects of this data to of Statistics, Room N-3644, not send the completed forms to					Page 11 o	of 32		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

# Year 2021 U.S. Department of Labor

Occupational Safety and Health Administrati

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away t	from work, or medical tr ian or licensed health o	estment beyond are professional	first aid, Y	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related injuries and litnesses that are diagn and illnesses that meet any of the specific rec	osed b	ry a criteria	Establishme	ent SeaWor	ld (SWI	F)			oved ON td Park		1218-0	76
report	(OSHA Form 301) or e OSHA office for help.	gn 1994,12. Fe quivalent form fo	er tree to us er each injur	y or illness recorded on this form	u need to. You must complete an injury and it i. If you're not sure whether a case is recordab	ie, call	MOUR	City			_ s	tate _		FL		_	
	Identify the person			Describe the	case	Class	ify the case	e	V. F. BANK	25.00		24627.0	100				
(A) (B) (C) Case Employee's Name Job Title (e. Welder)		Job Title (e.g.		(E) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injure- or ill worker was:		11.00	Check the "injury" colum type of litne		Mness:	ness:	
No.	!	vveider)	injury or onset of	end)	injured or made person ill (e.c. Second	Calabra	SESSOCIAL DES MANAGES			S ALTONOMIA	TANI RESIDENCE	(M)	HOMINANCE	CATEGORIES	- 10 Co	A CHARLES	
			illness (mo./day)		degree burns on right forearm from abetylene torch)	Death	Days away from work	Job transfer	ed at work Other record	Away From Work (days)	On job transfer or restriction (days)		Skin Disorder	Respiratory Coadition	Buju	Hearing Loss	9 All Other Illnesses
								or restriction	able cases	47-7	,,-,	Injury	Just 1	peo	Poisoning	tonu	0
		1				(G)	(H)	(1)	(4)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
		1-	7	101	Right ankle pain after contact by guest causing stumble backwards					0	34	2					
		<b>\</b> /			Abrasions on right hand and knee from a trip and fall		0	Ø		0	1	Ø					
1		1.		( )	Left knee contusion and swelling from striding against pole					0	16	Ø					0
					Pain in right shoulders from holding harnesses during an evacuation.			2		0	7	Ø					
					Left thumb laceration from strike against broken piece of glass			Ø		0	8	Ø					
					Right knee pain from performing a dance routine			0		0	7	Ø					0
					Lower back pain from lifting dive gear			Ø		0	14	2					
					Page totals	0	0	7	0	0	87	7	0	0	0	0	0
					Be sure to transfer these totals to	the S	Summary p	age (Form :	300A) before	you po	ost it.	Injury	160	you	bul	SSO	908
minut	es per response, includ ed, and complete and re	ing time to review	w the instru	s estimated to average 14 ction, search and gather the deta nation. Persons are not required bys a currently valid OMB control								Ē	Skin Disorder	Respiratory	Paisoning	Hearing Loss	All other Bhosses
numb	er. If you have any con tion, contact: US Depa constitution Ave, NW, W	nments about the rtment of Labor,	osha offic	es or any aspects of this data ce of Statistics, Room N-3544, not send the completed forms to					Page 12 d	of 32		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording offerial listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your FL City State local OSHA office for help. Classify the case Identify the person CHECK ONLY ONE box for each case Enter the number (A) (D) based on the most serious outcome for of days the injured. Check the "injury" column or choose one type of illness: Job Title (e.g. Describe injury or illness, parts of body or III worker was: Where the event occurred that case: Case Employee's Name Date of affected, and object/substance that directly Welder) injury or (e.g. Loading dock north anset of injured or made person III (e.g. Second illness degree burns on right forearm from Days away from work Away On iob acetylene torch) Death Remained at work (moJday) From transfer of Work restriction Job transfer Other record-(cays) (days) or restriction able cases (G) (H) (1) (J) (K) (L) (1) (2) (3) Muscle pain on right upper side of body from D Left side back pain after slip and fall incident  $\overline{2}$ 0 Strain to left shoulder after lifting items in 0 V warehouse 2 Right thumb pain from being jammed 0 3 Pain on right side of chest wall from striking 2 again garbage bin Left and right wrist pain from fall 1 0 left heel pain from performing in costume  $\mathbf{Z}$ 0 13 Page totals 0 229 7 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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, Page 13 of 32 (3) (6) 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to

# Log of Work-Related Iniuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of

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away f	from work, or medical tr	eatment beyond are professional	first aid. Y You must	ou must also record significant w also record work-related injuries.	consciousness, restricted work activity or job : ork-related injuries and illnesses that are diagh and illnesses that meet any of the specific reco	ransfer osed b	, days y a criteria		ent SeaWorl			Forn	39	oved OM Id Park		218-01	76
report	in 29 CFX 1904.8 throu (OSHA Form 301) or e OSHA office for help.	gn 1904.12. Fee quivalent form fo	e each injur	e two lines for a single case if you ry or illness recorded on this form.	need to. You must complete an injury and illy If you're not sure whether a case is recordate	le, call	MODELE	City			s	state _		FL			
	Identify the person			Describe the	case	Class	fy the cas						W.				
(A) Case	Case Employee's Name Job Title (e.c. Date of Where the event occurred		(F) baser Describe injury or illness, parts of body that of		based on the most serious outcome for				he number the injured orker was:	njured Check the "injury			njury" column or ch type of illness;		e one		
No.	12. 41	Welder)	injury or onset of illness	(e.g. Loading dock north end)	affected, and object/substance that directly injured or made person it (e.g. Second degree burns on right forearm from	(nonde	enter ancest			#CROBYATU		(M)		MATERIAL SE		Triberca:	Ses
			(moJday)		agree burns on ight lorearit both acetylene torch)	Death	Days away from work	Contract	ed at work Other record able cases	From Work (days)	transfer or restriction		Skin Disorder	(E) Respiratory	Poisoning	Hearing Loss	All Other Illnesses
						(G)	(H)	(1)	(1)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
		77			Right shoulder and bitaters; knee pain after falling from golf cart.			9		0	27	Ø					
		1 /			Right hand contusion caused by water pump landing on right hand			Ø		0	15	Ø					
		1.		( )	Left shoulder pain from moving water and soda cases			Ø		0	15	Ø					
					Left ankle pain after stepping down off a curb			Ø		0	9	Ø					
					Pain in right thigh from failing as a result of dizziness					0	51	Ø					
					Laceration on left knee from striking rock during a slip and fall			Ø	0	0	10	Ø	0	П		0	
					Page totals	0	0	6	0	0	127	6	0	0	0	0	0
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collec	tion, contact: US Depa constitution Ave, NW, W	rtment of Labor,	OSHA Offi	es or any aspects of this data ce of Statistics, Room N-3644, not send the completed forms to					Page 14 o	of 32		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses Indicated the extent possible while the information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of

Year	2021	
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sway f	from work, or medical tr ian or licensed health o	eatment beyond are professional.	first aid. Y	où must also record significant w also record work-related injuries	consciousness, restricted work activity or job to not k-related injuries and illnesses that are diagn and illnesses that meet any of the specific rec	osed b	ya criteria E	stablishme	ent SeaWor	ld (SWF	) -)			ved ON		1218-01	76
report	n 29 CFR 1904.8 throu (OSHA Form 301) or o )SHA office for help.	gh 1904,12. Fee quivalent form fo	d free to us reach inju	a two lines for a single case if yo y or illness recorded on this form	u need to. You must complete an injury and lin i. If you're not sure whether a case is recordable.	e, call	NOUR	City			_ s	tate _		FL		_	
	dentify the person		N. W.	Describe the	cese	Class	ify the case	512		, Alexandra	800000						
Case Employee's Name Job Title (e.g., Dat		(D) Date of injury or	(E) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				of days	ne number the injured wker was:	check the "injur		"injury" column o type of illness:			e one	
140.		i	onset of illness (mo./day)	end)	injured or made person ill (e.g. Second degree burns on right forearm from	Death (G)	Days away from work	Job transfe	od at work  Tother recordinable cases	Minele	On ob transfer or restriction (days)	(3 talany (8)	3 Skin Disorder	Respiratory Condition	& Poisoning	9 Hearing Loss	All Other Bnasses
/ 1		15	1	101	Left knee abrasion from slip and fall			Ø	0	0	22	Ø					
		( /			Loft 5th digit laceration after contact with saw blade					0	13	Ø					
1.		1.	/	( )	Contusions to 3rd and 4th fingers on right hand from being struck by trash being removed from garbage can			Ø		0	14						
					Right hand abrasion from contact with sea tion teeth during medical procedure		0		2	0	0						
					Abrasion on left side of face and left wrist from after contact with ground after fainting				Ø	0	0	☑					0
					Strain to right shoulder after moving boxes of merchandise stock		0	Ø	0	0	178	Ø					
					Page totals	0	0	4	2	0	227	6	0	0	0	0	0
minute neede- to resp numbe	es per response, including, and complete and re pond to the collection of er. If you have any con-	ng time to revieu view the collection information unleaded timents about the	the instru- on of inform as it displa se estimate	s estimated to average 14 ction, search and gather the date stition. Persons are not required ys a currently valid OME control as or any sepects of this data co of Statistics. Room N-3644.		the S	Summary pa	ige (Form	300A) before	you po	ost it.	Injury	Skin Disorder	Respiratory	Poisoning	Hearing Loss	All other almossos
	onstitution Ave. NW, W			not send the completed forms to					Page 15 d	of 32		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	W//
J.S. Dep	artment	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your City State local OSHA office for help. Identify the person Describe the case Classify the case CHECK ONLY ONE box for each case Enter the number based on the most serious outcome for of days the injured Check the "Injury" column or choose one Employee's Name Job Title (e.g. or ill worker was: type of illness: Case Date of Where the event occurred Describe injury or illness, parts of body that case: affected, and object/substance that directly Welder) injury or (e.g. Loading dock north onset of injured or made person ill (e.g. Second Illness degree burns on right forearm from On job Away Days away acetylene torch) (moJday) Death Remained at work From transfer or from work Work restriction Job transfer Other record (days) (days) or restriction able cases (G) (H) (1) (J) (K) (L) (1) (2) Strain of right knee after slipping while 0 Pain in left ear day after completing a Ø 0 working dive Pain to left hip / grain area after lifting / 0 0 pulling during an animal procedure Pain to lower back after slip and fall walking 2 0 down ramp Pain in left wrist after slip and fall backwards 2 onto left wrist Pain in left hip after performing a dance 2 0 Page totals 0 130 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disorder Public reporting burden for this collection of information is estimated to average 14 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 Page 16 of 32 (4) (5)

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	N
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

Form approved CMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and linesses that meet any of the specific recording called listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and literass incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your State FL City local OSHA office for help. Identify the person Describe the case Classify the case CHECK ONLY ONE box for each case Enter the number (A) (C) of days the injured. Check the "injury" column or choose one based on the most serious outcome for Job Title (e.g., Case Describe injury or illness, parts of body affected, and object/substance that directly Employee's Name Date of Where the event occurred that case: or if worker was: type of iliness: Welder) injury or (e.g. Loading dock north end) injured or made person ill (e.g. Second onset of illness degree burns on right forearm from Away On job Days away (mo./day) acetylene torch) Remained at work From transfer of Work restriction Job transfer Other record-(days) (days) or restriction able cases (G) (H) (1) (4) (K) (L) (1) (2) (3) (4) (5) Strain to left ankle after unexpected S movement of ankle walking on uneven ground Strain to right shoulder after pulling on a 3 0 moving ride vehicle Contusion to right foot from table base that 2 fell over Contusion to left hand after being caught 1 between two moving food racks while wrapping them. Multiple contusions after trip fall from 0 1  $\Box$ standing position to ground Contusion to left foot from strike against ride 0 Page totals 0 6 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of Information is estimated to average 14 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 ocllection, 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 Page 17 of 32 (4) this office.

# OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses The latest in the protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in

Year	2021	W
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

You me away fe physici	rom work, or medical tr an or licensed health o	about every work reatment beyond are professional.	related inj first aid, Y You must	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagnand illnesses that meet any of the specific rec-	ransfer osed b ording o	, days y a criteria E		nt SeaWorl			Form	3237543752	ved ON		1218-01	76
listed in report local C	29 CFR 1904.8 throu	ah 1904.12. Fee	I free to us	e two lines for a single case if you	a need to. You must complete an injury and illi If you're not sure whether a case is recordab	e, call	dident vour	City			_ s	tate _		FL			63. <b>3</b> 3
(A) Case	(A) (B) (C) (D) (E)		(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHEC base that c	CHECK ONLY ONE box for each case based on the most serious outcome for that case:			Enter the number of days the injured or ill worker was:		d Check the "injury" col type of t		column or cho of Blness:		e one			
No.		vvoiderj	onset of illness (mo./day)	(e.g. codding book north end)	injured or made person ill (e.g. Second degree burns on right forearm from	Desth (G)	Days away from work	Remain	ed at work  Other record-	Away From Work (days)	On job transfer or restriction (days)	() (u) (u)	Skin Disorder	Respiratory	(F Poisoning	9 Hearing Loss	@ All Other linesses
				101	Right ankle pain from misstep					0	31	2					
					Contusion on left foot from sign that was being carried and dropped on foot			Ø		0	9	Ø					
				\/	1st degree on right forearm from spilled grease.			Ø	D	0	14	Ø					
					Tripped on curb causing right ankle pain		0	Ø		0	69	Ø					
					Strain to right ankle after it unexpectedly rolled after stepping off final stair			E		0	7	Ø					
					Right thumb pinched by locking mechanism causing a cut			Ø		0	2	Ø					
					Contusion to right anide after contact with concrete pillar after foot slipped			Ø		0	75	Ø					
					Page totals	0	0	7	0	0	207	7	0	0	0	0	0
minute neede to resp numbe	es per response, includ d, and complete and re bond to the collection o er. If you have any con	ing time to review wiew the collection only finformation unknowns the find the collection of the find the collection of find the	w the instru on of inform ess it displa ese estimat	s estimated to average 14 ction, search and gather the data nation. Persons are not required lys a currently valid OMB control es or any aspects of this data	Be sure to transfer these totals to	the S	Summary pa	age (Form :	300A) before	you po	ost it.	Injury	Skin Disorder	Respiratory	Poisoning	Hearing Loss	All other illnesses
	onstitution Ave. NW. W			ce of Statistics, Room N-3644, not send the completed forms to					Page 18 o	of 32		(1)	(2)	(3)	(4)	(5)	(6)

## Log of Work-Related Injuries and Illnesses and leath purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or itness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and linesees that meet any of the specific recording criteria. You must also record work-related injuries and linesees that meet any of the specific recording criteria isset in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and liness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your Establishment SeaWorld (SWF) SeaWorld Parks FL City State local OSHA office for help. Identify the person Classify the case Describe the case CHECK ONLY ONE box for each case (A) of days the injured Check the "injury" column or choose one based on the most serious outcome for Job Title (e.g., or ill worker was: type of litness: Case Date of Where the event occurred Describe injury or illness, parts of body that case: Employee's Name affected, and object/substance that directly Welder) injury or (e.g. Loading dock north onset of injured or made person ill (e.g. Second end) illness degree burns on right forearm from Onjob Death Trom work Away From (mo./day) acetylene torch) Remained at work transfer or Work restriction Job transfer Other record-(days) (days) or restriction able cases (G) (H) (1) (1) (K) (L) (1) (2) (3) (4) Strain in right ankle after stepping off curb 3 0 P Right shoulder contusion after striking 1 ground from standing position after slipping Inflammation to right celf after insect bite Ø 0 Infection in right ear 1 0 12 7 Left Middle Finger Laceration from contact  $\mathbf{Z}$ 0 with a knife Contusion to left knee after being caught Ø V between ride vehicle raft and wall 184 0 0 Page totals 0 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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 veild OMB control number. If you have any comments about these estimates or any aspects of this date collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to Page 19 of 32 (2) (3) (4)

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	W
J.S. Dep	artment	of Labor

Occupational Safety and Health Administration

You mu away fr	om work, or medical tr	eatment beyond	first aid. Y	ou must also record significant w	consciousness, restricted work activity or job a rotk-related injuries and illnesses that are diagn and illnesses that meet any of the specific reco	ransfer osed b	r, days ny a criteria E		nt SeaWor			Form	100 miles	ved OM d Park		1218-01	76
listed in report ( local Of	29 CFR 1904,8 throu OSHA Form 301) or a SHA office for help.	ob 1904.12. Foo	free to us	e two lines for a single case if you y or illness recorded on this form	u need to. You must complete an injury and lik If you're not sure whether a case is recordable.	e, call	cident your C	ity	WHEN THE SHOP		s	tate _		FL	7200	P+0560	579720
(A) (B) (C) Case Employee's Name No.			(D) Date of injury or	(E) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHEC base that	ify the case CK ONLY ON d on the mos	E box for ea	dcome for	of days or ill wo	e number the injured rker was:	Atmospy As		jury" oo type of i			e one
			onset of illness (mo./day)	end)	injured or made person III (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work		ed at work Other record- able cases (J)	Away From Work (days)	On job transfer or restriction (days)	(M) Kinjur (1)	Skin Disorder	Respiratory	Polsoning	9 Hearing Loss	All Other Masses
1	1	17		10	Strein to upper back after turning upper body while holding a water cooler					0	20	2					
L	J)	( /			Contusion to back of head after slip and fall				Ø	0	0						
					Leceration to right hand after contact with hand tool being handled				Ø	¢	0	Ø					
					Contusion to head from falling palm prawn					0	7	Ø					0
					Laceration to right pointer finger from seal bite.			Ø		0	8	Ø					
					Pain in right hip and leg numbness from ploking up boxes			Ø		0	7	2					
					Page totals	0	0	4	2	0	42	6	0	0	0	0	0
Public reporting burden for this collection of information is estimated to sverage 14 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-36-44.			Be sure to transfer these totals to	the S	Summary pa	ge (Form 3	300A) before	you po	est it.	Injury	Skin Disordar	Respiratory	Polsoning	Hearing Loss	AR other Binesses		
	onstitution Ave. NW, W			se of Statistics, Room N-3644, not send the completed forms to					Page 20 (	of 32		(1)	(2)	(3)	(4)	(5)	(6)

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Amount of the extent possible while the information is being used for occupational safety and health purposes.

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Year	2021	
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away to	from work, or medical to ian or licensed health o	reatment beyond are professional	first aid. Y	ou must also record significant w also record work-related injuries	f consciousness, restricted work activity or job : cork-related injuries and illnesses that are diagn and illnesses that meet any of the specific rec	osed b	ya criteria E	stablishme	nt SeaWor	d (SWI	(1)			oved ON do Park		1218-0	76
report local C	(OSHA Form 301) or e OSHA office for help.	gh 1904.12. Fee quivalent form fo	el frae to us er each inju	y or illness recorded on this form	u need to. You must complete an injury and ill b. If you're not sure whather a case is recorded	ie, celf	your (	City	*** - *** - ****	O PUT SUSSEEN	S	tate _	Section Property	FL	nurana et a	CONTRACTOR OF THE PARTY OF THE	Vertex
(A) (B) (C) (D) (E) Case Employee's Name Job Trite (e.g., Date of Where the event of				(E) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that directly	based on the most serious outcome for			Enter the number of days the injured or ill worker was:		De-Control	the "I	njury" oc	illness:			
		Welder) injury or (e.g. Loading dock north onset of end) illness (mo.Jday)	injured or made person III (e.g. Second degree burns on right forearm from acetylane torch)	Death (G)	Days away from work	Remain	ed at work Other record-	Away	On job transfer or restriction	(M)	Skin Dlsorder	Respiratory	Polsoning	G Hearing Loss	(g) All Other lifesses		
1	- \			101	Lot shoulder pain from bungee jumping			2		0	11	Ø					
					Itahy rash on arms and tags from working in the bushes.			0	Ø	0	0	0	2				
		1		$( \cup )$	Foreign body in eye white cleaning animal exhibit			0	2	0	0	2					
					Back pain from lifting two bags of los off the ground.	0	0	Ø	0	0	14						
					Abrasions to right fingers from slip and fall on wet ground.		0			0	44						
					Minor pain and inflammation to right arm from palm frond needle poleng arm.		Ø	0		1	16	0					
					Page totals	0	1	3	2	1	85	5	1	0	0	0	0
minute needs to rest	es per response, included, and complete and re cound to the collection of	ing time to review wiew the collection f information unto	w the Instru on of Inform ses it disple	s estimated to average 14 clion, search and gather the data action. Persons are not required ys a currently valid DMB control as or any aspects of this data		the S	ummary pa	age (Form 3	00A) before	you po	ost it.	Anky	Skin Disorder	Respiratory	Polsoning	Hearing Loss	All other finesses
collect	ion, contact: US Depa onstitution Ave, NW, W	rtment of Labor,	OSHA Offic	be of Statistics, Room N-3644, not send the completed forms to					Page 21 o	f 32		(1)	(2)	(3)	(4)	(5)	₹ (6)

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of

Year	2021	
S. Dep	rtment	of Labor

OSHA's Form 300 (Rev. 01/2004)  Log of Work-Related Injuries and Illnesses							s to the ext in is being in purposes	tent possiblused for oc	cupational sa		Occupation 1		partr	ment			חנ
away fo	om work, or medical to	eatment beyond	first aid. Y	ou must also record significant w	consciousness, restricted work activity or job ork-related injuries and illnesses that are diag- and illnesses that meet any of the specific re	nosed b	days ya c	ATTIMICAL TOTAL CONTROL	nt SeaWor			Form		wed ON		218-01	76
listed in report (	29 CFR 1904.8 throu	oh 1904.12. Fee	el free to us	e two lines for a single case if yo	u need to. You must complete an injury and i , If you're not sure whether a case is recorda	Iness in	cident vour	City			s	tate		FL			
	dentify the person	ALC: B. HALL		Describe the	Case	Class	ify the case										SES
(A) (B) (C) (D) (E)  Case Employee's Name Job Title (e.g., Date of Where the event occurred No. (e.g. Loading dock north			(F) Describe injury or illness, parts of body affected, and object/substance that directly		d on the mo	NE box for ea at serious o		of days or ill wo	e number the injured rker was:	Check	eck the "injury" column or of type of liness:				e one		
NO.		Weiler)	onset of iliness (mo./day)	end)	injured or made person III (e.g. Second degree burns on right forsems from acetylans torch)	Death.	Days away from work	The state of the s	ed at work Other recordable cases (J)	Away From	On job transfer or restriction (days)	(S) Yuriui (S)	Skin Disorder	Respiratory	& Pelsoning	G Hearing Loss	g All Other Illnesses
	1			101	Back pain from jumping off an outdoor stage.	(0)	(H)	Ø		0	7	Ø				[0]	
	) ) (				Pain in left ankle after unexpected movement while walking			0	☑	0	0	Ø					
1		1	/	$( \cup )$	Left hip pain from physical exertion			Ø		0	35	Ø					
					Left arm pain from slip and fall		Ø			1	61			O			
					Loft hip pain from dance performances			2		0	8						
					Right toe contusion from being struck by a guest				Ø	D	0	2		0	0		
					Left knee pain from misstep			Ø	0	0	7	2					
					Page totals	0	1	4	2	1	118	7	0	0	0	0	0
minute: needed to resp	s per response, includi i, and complete and re ond to the collection of	ng time to review view the collection (information unle	w the instru on of informess it display	s estimated to average 14 ction, search and gather the date lation. Persons are not required lys a currently valid OMB control as or any aspects of this data		o the S	ummary po	age (Form 3	800A) before	you po	st it.	<b>Fried</b>	Skin Disorder	Respiratory	Polsoning	Hearing Loss	Rother illnesses
collecti	on, contact: US Depai institution Ave, NW, W	riment of Labor,	OSHA Off	be of Statistics, Room N-3644, not send the completed forms to					Page 22 o	32		(1)	(2)	(3)	(4)	(5)	(6)

# Log of Work-Related Injuries and Illnesses and leath purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety

Year	2021	W
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first eld. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel tree to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help. Form approved OMB no. 1218-0176 SeaWorld Parks Establishment SeaWorld (SWF) State FL Identify the person Classify the case Describe the case CHECK ONLY ONE box for each case Enter the number (A) (D) of days the injured. Check the "injury" column or choose one based on the most serious outcome for Job Title (e.g. Case Employee's Name Where the event occurred Date of Describe injury or illness, parts of body affected, and object/substance that directly that case: or III worker was: type of illness: (e.g. Loading dock north Welder) injury or onset of injured or made person III (e.g. Second diness degree burns on right forearm from Away From On job Days away (mo./day) acetylene torch) Remained at work transfer or Work restriction lob transfer Other record-(days) (days) or restriction able cases Skir (G) (H) (1) (J) (K) (L) (1) (2) (4) (5) (3) Fracture to left great toe due to failing object Z 0 2 Pain in left ankle after stepping out of quickly 0 Burning to eye from using makeup remover. Ø 0 Neck pain and tension headache after V 0 striking head on cab of truck Left thumb pain from being caught between 2 0 light fixture and lamp post. Pain in left hand after pulling salf on bungee 2 cords after slip 0 5 Page totals Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complets and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently velid 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 Page 23 of 32 (2) (3) (4) (5) this office.

# OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses Information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in

Year	2021	
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om work, or medical tre an or licensed health or	eatment beyond are professional.	first aid. Y You must	ou must also record significant v also record work-related injuries	f consciousness, restricted work activity or job : rork-related injuries and illnesses that are diagra and illnesses that meet any of the specific rec	ransfer osed b ording	r, days iy a criteria E					Form				1218-0	176
o 29 CFR 1904.8 through OSHA Form 301) or ed SHA office for help.	th 1904.12. Fee pulvalent form for	l free to us reach injur	e two lines for a single case if you y or illness recorded on this form	nt need to. You must complete an injury and if a. If you're not sure whether a case is recordable.	ness in le, cell	UNITE	City			_ s	tate _		FL			
(B)	(C) Job Title (s.c.	(D)	(E)	<b>(F)</b>	CHEC	CK ONLY ON	E box for e		of days	the injured	Chec	t the "ir				se one
	Welder)	injury or onset of illness (mo./day)	(e.g. Loading clock north and)	affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from		P Inches Property	Remair	ned at work	Away	On job transfer or restriction (days)	(M) Amful (1)	Skin Disorder	i inamen	B Polsoning	@ Hearing Loss	@ All Other linesses
1		1	101	Contusion to back of neck after being struck by a guest during a scare interaction			2		0	7	Ø					
				Left eye irritation from cotton that got in her eye				Ø	0	0						
			( )	Abrasion to right knee from slip and fall on wet floor			Ø		0	80	2			0		
				Right enkle pain from repealedly tripping over mat			Ø	0	0	25						
				Pain in right knee after twisting motion while avoiding a guest in walkway					0	7	Ø					0
				Loft ankle pain from repeatedly lunging out to scare guests.	0		Ø	0	0	7	<b>2</b>			0		
				Page totals	0	0	5	1	0	126	6	0	0	0	0	0
s per response, including, and complete and re- cond to the collection of r. If you have any com- con, contact: US Depar- positiution Ave, NW, W.	ng time to review view the collection information unle ments about the trnont of Labor, (	the instruction of informers it displays the control of the contro	otion, search and gather the data lation. Persons are not required ys a currently valid OMB control as or any aspects of this data as of Statistics, Room N-3644,		the S	summary pa	age (Form			ost it.	(1)	Skin Disorder	Respiratory Condition	Bujuoslod (4)	(G) Hearing Loss	9 All other throsses
	st record information a om work, or medical fire in or licensed health or 29 CFR 1904.8 throug SSHA Form 301) or ed SHA office for help. lentify the person  (B) Employee's Name  Employee's Name  or this per response, includit, and complete and re- and to the collection of if you have any come.	st record information about every work on work, or medical treatment beyond in or licensed health care professional. 29 CFR 1904.8 through 1904.12. Fee OSHA Form 301) or equivalent form for SHA office for help.  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Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Author to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	W
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					Pain to left leg from jumping off platform with bungee ropes.					0	14						
	) (				Abrasions to left knee, right knee, and left thumb from slip and fall.		0			Q	70	Ø	0				
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					Fracture in left hand after contact with broken bunges cord			Ø		0	14	Ø					
					Shoulder strain from dance routine			<b>2</b>		0	3						
					Left ankle pain from unexpected twisting motion while performing			Ø		0	14	Ø					
					Pain to both hips from falling off a step ladder.			Ø		0	89	Ø					
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collection	on, contact: US Depart estitution Ave, NW, W	rtment of Labor,	OSHA Offic	is or any aspects of this data se of Statistics, Room N-3644, not send the completed forms to					Page 25 c	f 32		(1)	(2)	(3)	(4)	(5)	₹ (6)

## Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety

Year	2021	
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfor, days

away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and litnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or liness recorded on this form. If you're not sure whether a case is recordable, call your City local OSHA office for help. Identify the person Describe the case Classify the case Enter the number CHECK ONLY ONE box for each case (A) based on the most serious outcome for of days the injured Check the "injury" column or choose one Job Title (e.g. Case Employee's Name Date of Where the event occurred Describe injury or illness, parts of body that case: or ill worker was: type of illness: Welder) injury or (e.g. Loading dock north affected, and object/substance that directly onset of end) injured or made person ill (e.g. Second Mness degree burns on right forearm from Cnjob Away Days away (mo./day) acetylene torch) Remained at work Death From transfer of from work Work restriction Job transfer Other record-(days) (days) or restriction able cases 7 (G) (K) (1) (2) (4) (5) (H) (4) (3) Right knee pain from trip and fall Ø 0 2 Head contusion from being struck by a Ø guest. Right anide strain from slipping in wet grass 1 0 Right ankle pain from twisting it after 0 Z stepping on garbage bags Right foot swelling from being struck by an 0 aceration to scalp from walking into a bogie 0  $\overline{\mathbf{z}}$ (ride element). Right knee abrasion and swelling from trip 0 Ø Page totals 0 83 7 0 0 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disorde Public reporting burden for this collection of information is estimated to average 14 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 regulaed 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. Page 26 of 32 (4) (5) (6) 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to (1) (3)

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health oursess.

Year	2021	
U.S. Depi	artment	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first sid. You must also record significant, work-related injuries and linesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and linesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or liness recorded on this form. If you're not sure whether a case is recordable, call your Establishment SeaWorld (SWF) SeaWorld Parks City State Describe the case Identify the person Classify the case CHECK ONLY ONE box for each case Enter the number based on the most serious outcome for of days the injured. Check the "injury" column or choose one Job Title (e.g. Date of Where the event occurred Describe injury or illness, parts of body that case: or ill worker was: type of illness: Case Employee's Name Welder) (e.g. Loading dock north affected, and object/substance that directly injury or onset of injured or made person ill (e.g. Second degree burns on right forearm from Away From On job Days away from work acetylene torch) Remained at work (mo./day) Death ransfer or Work estriction Job transfer Other record-(days) (days) or restriction able cases (G) (H) (1) (3) (K) (L) (1) (2) (3) Fractured left big toe from being struck by a 7 0 concrete bucket Groin pain from striking against a pylon Ø 0 Right shoulder pain from lifting costume's Ø 0 Left knee abrasion after falling from stilts 0 Ø Pain and decreased movement in right 0 0 shoulder after sudden movement Strain of nock after performing sudden 2 0 0 voluntary motion Laceration on 3rd digit of left hand from 2 cutting chicken 0 0 70 7 0 0 0 0 Page totals C Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disor Public reporting burden for this collection of information is estimated to everage 14 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 CMB 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, Page 27 of 32 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to (2) (4) (5)

## Log of Work-Related Injuries and Illnesses and health purposes.

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Year	2021	
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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or ico transfer, days rou must record information a rough every work-related in jury or interest near involves less or considerable with a clivity or job bensier, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complote an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your Establishment SeaWorld (SWF) SeaWorld Parks State FL City local OSHA office for help. Identify the person Describe the case Classify the case CHECK ONLY ONE box for each case Enter the number based on the most serious outcome for of days the injured. Check the "injury" column or choose one Job Title (e.g., type of illness: Case Employee's Name Date of Where the event occurred Describe injury or liness, parts of body that case: or ill worker was: (e.g. Loading dock north end) affected, and object/substance that directly Welder) injury or poset of injured or made person ill (e.g. Second illness degree burns on right forearm from Away On job Days away acetylene torch) (mo./day) Death Remained at work From transfer or from work Work restriction Job transfer Other record (days) (days) or restriction able cases (G) (H) (1)(J) (K) (1) (2) (3) (5) Pain to right leg after tripping and falling ove: 3 a hose. Pain appeared after a later trip and fall on the same leg not during a shift. Left anide pain after stepping on uneven Ø 0 surface coming down a ladder Abrasions to both knees and skinned left 0 shin from loosing footing and falling on Right knee pain from slip and fall while V 0 walking upstairs Radiating pain to left shoulder through chest 0 16 area from wearing the Cookie Monster character costume. Swelling, bruising, and pain to third toe on M 0 21 right foot after striking log of expo table in kitchen. Page totals 0 186 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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 Page 28 of 32 (3) this office.

# OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses The project the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in

Year	2021	
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Occupational Safety and Health Administration

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					Superficial skin avulsion on right thumb from metal support pole for window					0	31	Ø					
			/		Superficial puncture wound to right thumb from Sea Urchin				Ø	0	0	Ø					
					Redness to hands after contact with Peroxide multi surface disinfectant					0	7	Ø					
					Avulsion to left middle finger caused by striking again metal edge of fryer.			Ø		0	11	Z					
					Puncture wounds to right thigh from being bitten by a service dog.			2	0	0	37	Ø					0
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200 Ca this off		ashington, DC 20	0210. Do r	ot send the completed forms to					Page 29 o	1 32		(1)	(2)	(3)	(4)	(5)	(6)

## Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	
J.S. Dep	artment	of Labor

n purposes. Occupational Safety and Health Administration

Form approved OMB no. 1218-0178 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Fael fros to use two lines for a single case if you need to. You must complete an injury and liness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your City State FL Classify the case Identify the person Describe the case CHECK ONLY ONE box for each case Enter the number (A) based on the most serious outcome for of days the injured. Check the "injury" column or choose one Job Title (e.g., type of lineas: Case Employee's Name Date of Where the event occurred Describe injury or liness, parts of body that case: or ill worker was: injury or onset of (e.g. Loading dock north end) affected, and object/substance that directly Welder) injured or made person III (e.g. Second degree burns on right forearm from Away On job Days away (mo./day) acetylene torch) Death Remained at work transfer or Work restriction Job transfer Other record (days) (days) or restriction able cases (G) (H) (1) (3) (K) (L) (1) (2) (3) [4] Bite to left lower leg from otter in enclosure. 9 0 Laceration to left thumb while slicing onions 2 0 on a mandolin. Cough, abdominal pain, and chest pressure 2 0 after inhaling grill cleaning chemical. Distocated right patella white pushing down 3 0 ride vehicle lap bars. Pain in lower back after picking up rolled 2 pieces of silverware in kitchen Concussion from being struck in the head by Ø a nut on a metal recycling bin door. Page totals 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of Information is estimated to average 14 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 Page 30 of 32 (4)

Attention: This form contains information

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

Log of Work-Related Injuries and Illnesses

relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2021

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

Form approved CME no. 1218-0176

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	Identify the person			Describe the	Case.	Classi	fy the case			ESH.																			
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			onset of iliness (moJday)	end)	injured or made person ill (e.g. Second degree burns on right foreerm from acatylene torch)			Job transfer or restriction		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory	Poisoning	Hearing Loss	All Other Ikresses												
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)												
6					Bruising to left pointer finger from a table collapsing and crushing the employee's finger between the table and the ground.					0	31																		
					Strein of lumber after bending over to pick up frozen fish from ground level			Ø		0	5	Ø																	
	1		/	•	Pain lower back after fall into clothes rack after passing out.				Ø	0	0						Ø												
					Loss of consciousness and left knee abrasion after beginning to feel faint and falling to the ground.				Ø	C	0						Ø												
					Pain to left side from slipping and falling after walking through a puddle.		0	Ø		0	26	Ø																	
					Right shoulder pain from slipping and falling on bubbles, striking a dolly as ambassador fell.			Ø		0	7																		
					Page totals	0	0	4	2	0	69	4	0	0	0	0	2												
minute neede to res	es per response, includi id, and complete and re pond to the collection of	ng time to review view the collection information unle	v the instru- on of inform ass it disple	s estimated to average 14 ution, search and gather the data ation. Persons are not required ys a currently valid OMB control as or any aspects of this data		the S	ummary pa	ge (Form 3	COA) before	you po	st it.	hybry	Skin Disorder	Respiratory Condition	Polsoning	Hearing Loss	other illnasses												
collec	tion, contact: US Department on Stitution Ave, NW, W	tment of Labor,	OSHA Office	se of Statistics, Room N-3644, not send the completed forms to					Page 31 of	32		(1)	(2)	(3)	(4)	(5)	(6)												

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Actions: This form a found to the used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2021	W
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away fo	rom work, or medical tri an or licensed health or	eatment beyond are professional.	first aid. Y	ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagn and illnesses that meet any of the specific recr	ransfer osed by	, days y a criteria E		nt SeaWorl				211411	ved Olv Id Park		218-01	76
listed in report (	29 CFR 1904.8 through	th 1904.12. Fee	free to us	e two lines for a single case if vo	u need to. You must complete an injury and ill till you're not sure whether a case is recordable.	ness inc	oident vour	ity			_ s	tate _		FL			
i te	dentify the person			Describe the	Case	Class	fy the case			(Chena				allan.	Sit.		
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of	(E) Where the event occurred (e.g. Loading dock north	(F)  Describe injury or illness, parts of body affected, and object/substance that circcity			of days or ill wo	the injured orker was:			type of		choos	a one		
190.		weider	injury or onset of illness (mo./day)	end)	injured or made person ill (e.g. Second degree burns on right forearm from	Death	Days away from work	Remain	ed at work	Away	On job transfer or	(M)	2	Andrew Market		sso	sesseu
	YG								Other record- able cases	(days)	restriction (days)	Injury	Skin Disorde	Respiratory	Poisoning	Hearing Loss	All Other Illnesses
						(G)	(H)	(1)	(3)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
		7		101	Contusion to head after fall from standing position striking head on table					0	63	Ø					
					Pain to lower back, left shoulder, and left flank after attempting to catch a falling display.			Ø	0	0	20	Ø					
				\ - /	Right ankle sprain after losing footing, allpping, and falling from embankment into pool.			0		0	14	Z					
					Lacerations to the left index and middle fingers from attempting to pull a pour spout out of a broken bottle neck.		Ø			12	5	Ø	0				
					Pain in right knee after step down from elevated walkway					0	0	Ø					
					*					mr.				,			
					Page totals	0	1	3	1	12	102	5	0	0	0	0	0
minute	es per response, includ d, and complete and re	ing time to review	v the instru	s estimated to average 14 ction, search and gather the data lation. Persons are not required		the S	ummary pa	age (Form 3	300A) before	you po	ost it.	Injury	Skin Disorder	Respiratory	Poisoning	Hearing Loss	other illnesses
numbe	er, if you have any con ion, contact: US Depa onstitution Ave, NW, W	rments about the rtment of Labor.	ese estimati OSHA Offic	ys a currently valid OMB control as or any aspects of this data be of Statistics, Room N-3644, not send the completed forms to					Page 32 c	of 32		(1)	(2)	(3)	(4)	(5)	등 중 (6)

200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to

## Log of Work-Related Injuries and Illnesses and leath purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Page 1 of 15

Year	2022	
U.S. Dep	artment	of Labor
Occupational Safet	v and Health	Administration

(3)

(2)

(5)

Form approved OM8 no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria Establishment SeaWorld (SWF) SeaWorld Parks listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your State FL local OSHA office for help. Identify the person Describe the case Classify the case CHECK ONLY ONE box for each case (A) (C) (D) (E) (F) based on the most serious outcome for of days the injured. Check the "injury" cotumn or choose one Job Title (e.g., Date of Where the event occurred Describe injury or illness, parts of body or ill worker was: Case Employee's Name that case: (e.g. Loading dock north end) Welder) affected, and object/substance that directly injury or onset of injured or made person III (e.g. Second illness degree burns on right forearm from On job Days away from work (mo./day) acetylene torch) Death Remained at work transfer or From Work estriction Job transfer Other record-(days) (days) or restriction able cases Skin 7 (G) (H) (1) (J) (30) (L) (1) (2) (3) (4) (5) Right wrist pain after slipping and fall, 9 0 3 bracing the fell with the right hand. Sprain to left ankle from stepping on uneven 0 Ø 120 surface and twisting the leg. Bruising to the left big too after having their 0 10 Ø shoe stepped on by another ambassador, causing their foot to come out of their shoe. Pain to left arm after tripping and falling white stepping over a closed rope. Contusion and swelling to tip of left third 3 0 0 0 0 finger after closing finger in a door. Confusion to right big toe from dropping a 3 0 Ø 312 Page totals 0 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it, Public reporting burden for this collection of information is estimated to average 14 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 commants about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3844,

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety

Year 2022 U.S. Department of Labor

Occupational Safety and Health Administration Form approved OMB no. 1218-0176 You must record information about every work-related injury or itlness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and litnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health cere professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your State FL local OSHA office for help. Classify the case Identify the person Describe the case CHECK ONLY ONE box for each case Enter the number (A) (C) (D) based on the most serious outcome for of days the injured. Check the "injury" column or choose one Job Title (e.g. Case Employee's Name Date of Where the event occurred Describe injury or itness, parts of body that case: or ill worker was: type of illness: Welder) injury or (e.g. Loading dock north affected, and object/substance that directly onset of injured or made person III (e.g. Second illness degree burns on right forearm from Days away from work (moJday) acetylene forch) Death Remained at work From transfer or Work restriction Job transfer Other record-(days) (days) or restriction; able cases (H) (K) (5) (G) (4) (L) (1) (2) (4) (1) (3) Laceration to left index finger from saw 4 0 Sprained right ankle from stepping on 4 0 uneven pavement and falling. Right leg pain after reaching for a button C 2 white in a seated position. Pain to left forearm after experiencing a 7 "pop" while scooping ice cream. Left foot contusion and bleeding from truck 0 lift gate being lowered on to affected foot. Pain to right arm after using hand trimmers 1 0 in an awkward posture. 0 Page totals 0 n Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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 Page 2 of 15 (4) (5)

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2022	
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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria Establishment SeaWorld (SWF) SeaWorld Parks listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your City State FL local OSHA office for help. Classify the case Identify the person Describe the case CHECK ONLY ONE box for each case Enter the number based on the most serious outcome for of days the injured Check the "injury" column or choose one Employee's Name Job Title (e.g., type of Illness: Case Date of Where the event occurred Describe injury or illness, parts of body that case: or ill worker was: (e.g. Loading dock north end) affected, and object/substance that directly Welder) injury or and National States of the Park of the onset of injured or made person ill (e.g. Second illness degree burns on right forearm from Away From On job Days away Remained at work (mo./day) acetylene torch) Death ransfer or Work restriction Job transfer Other record-(days) (days) or restriction able cases (G) (H) (1) (3) (K) (L) (1) (2)(3) (4) Sharp left ear pain after taking earplugs out M 0 after concert. Pain to left side of back from lifting and 0 twisting to carry a turtle to a scale. Pain to left foot after being run over by a  $\mathbf{Z}$ 1 guest on an ECV Contusion to right knee after slipping and falling in ICEE liquid spill. 4 0 Pain to right knee and both paims from 2 0 tripping and falling on a chain, Right foot/ankle pain from walking down 1 ramp, rolling ankle, and falling forward. Page totals 0 6 0 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disorde Public reporting burden for this collection of information is estimated to average 14 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 OMS 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, Page 3 of 15 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to (5)

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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hrough 1904.12. For or equivalent form 1 c.	of froe to us or each injur	e two lines for a single case if yo y or liness recorded on this form	a need to. You must complete on injury and ill	ou must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days way from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a hysician or licensed health care professionst. You must also record work-related injuries and illnesses that meet any of the specific recording official stated in 20 CFR 1904.8 through 1904.12. Peel froe to use two lines for a single case if you must complete an injury and illness inclident						Form approved OMB no. 1218-0176							
Service Service And Accompany of the Art			If you're not sure whether a case is recordate	ness in le, call ;	VOU!	City			_ s	tate _		FL		_			
(c)		Describe the	case	Class	fy the case					NAME OF							
Case Employee's Name Job Title (e.g., Welder)	injury or	Date of injury or (e.g. Loading dock north onset of illness	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		d Check the "injury" column or choose or type of Illness:							
	illness			Death (G)	morn work	Job transfe or restriction	n able cases	Work (days)	transfer or restriction (cays)	Injury	Skin Disorder	Respiratory	Poisoning	G Hearing Loss	All Office Houses		
17	1	101	Pain to right ankle after slipping and falling in a puddle in the restroom.	_		Ø		0	8	Ø	0		0				
			Left chest contusion from falling off a pillar and onto a table on a parade float.					0	16	Ø					1		
1 -		( )	Lower back pain from being shoved sideways into a wall by a guest.			Ø		0	42								
			Pain to lower back after twisting and bending to close lap bars at Super Grover.			2		٥	7				0		C		
			Pain to right shoulder and arm after performing during the parade.					0	46						[		
			Hematoma to back of head from slip and fell backstage.			2		٥	8	Ø		0			0		
			Done totale	0	0	T 6	1 0		127		0		•		T		
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icluding time to revie nd review the collec- on of information un-	w the instru- ion of information in the contract of the contra	ction, search and gather the data nation. Persons are not required tys a currently valid OMB control		tne S	ummary p	age (Form	300A) before	you po	St E.	Cinful	Skin Disorde	Respirator	Polsoning	Hoaring Los			
Department of Labor	OSHA Office	te of Statistics, Room N-3644,					Page 4 o	f 15		(1)	(2)	(3)	(4)	(5)	(		
	cluding time to revie nd review the collect on of information unit comments about the Department of Labor.	cluding time to review the instru- nd review the collection of inform on of information unless it displie r comments about these estimate partment of Labor, OSHA Office		a puddle in the restroom.  Left chest contusion from falling off a pillar and onto a fable on a parade float.  Lower back pain from being shoved sideways into a wall by a guest.  Pain to lower back after twisting and bending to close lap bars at Super Grover.  Pain to right shoulder and arm after performing during the parade.  Hematoma to back of head from silp and fall backstage.  Page totals  Be sure to transfer these totals to for this collection of information is estimated to average 14 cluding time to raview the instruction, search and gather the data not review the collection of information. 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Left cheat contusion from falling off a pillar on the puddle in the restroom.  Left cheat contusion from being shoved on the puddle in the restroom.  Left cheat contusion from being shoved on the puddle in the restroom.  Pain to lower back after the sizing and bending of a pillar of the puddle in the puddle in the restroom of the puddle in the puddle in the restroom.  Pain to lower back after the sizing and bending of the puddle in the pu	Pain to right shikle after stipping and falling in gruddle in the restroom.  Left chest contusion from falling off a pillar and onto a fable on a parade float.  Lower back pain from being showed sideways into a wall by a guest.  Pain to lower back after twisting and bending to close last bars at Super Grover.  Pain to right shoulder and arm after performing during the parade.  Hermatoma to back of head from slip and fall to the Summary page (Form 300A) before you post it.  Be sure to transfer these totals to the Summary page (Form 300A) before you post it.  Page totals 0 0 6 0 0 127 6 0  Be sure to transfer these totals to the Summary page (Form 300A) before you post it.  Separation of information is estimated to everage 14 cluding time to review the instruction, search and gather the date or eview the collection of information. Persons are not required on or information nules it flighteys a currently valid OMB control recomments about these estimates or any aspects of this data becaments after the states. Room N-3644,	Pain to right ankle after stipping and fatting in	Pain to right ankle after stipping and falling in	Pain to right ankle after stipping and falling in		

# OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses Tending to employee neath and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in

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You mu away fr	om work, or medical to an or licensed health o	eatment beyond are professional.	first aid. Ý You must	ou must also record significant w	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagn and illnesses that meet any of the specific reci	ransfer osed b	r, days ly a criteria B		nt SeaWork			Form	appro	ved ON d Park	B no.	218-01	76
listed in report ( local O	29 CFR 1904.8 throu	th 1904.12. Fee	if free to us	e two lines for a single case if you	u need to. You must complete an injury and ill . If you're not sure whether a case is recordable.	ness în le, call	cident	City			_ s	tate _		FL			A.V.
(A) Case	(B) Employee's Name	(C) Job Tide (e.g., Welder)	(D) Date of injury or	(E) Where the event occurred (e.g. Loading dock north	north affected, and object/substance that directly				tcome for	of days or ill wo	e number the injured rker was:	Check		jury" co type of			e one
			onset of illness (mo./day)	end)	injured or made person ill (e.g. Second degree burns on right foream from acetylene torch)	Death (G)	Days away from work	Participant of the state of the	od at work Other record- able cases (J)	Away From Work (days)	On job transfer or restriction (days)	(3) Injeriy	Skin Disorder	Respiratory	Bujuosiod 4)	9 Hearing Loss	@ All Other Illnesses
11	1	17		((())	Swelling to left ring finger from helping guest out of the restraint and getting finger caught in between lap bar and next seat.			Ø	0	0	6	Ø					
					Swelling and numbness to left hand from wasp sting.			0	Ø	D	0	Ø					
	1		/		Pain and bruising to both knees and right albow after falling from the top shelf of a rolling rack.		0	Ø		0	15	<b>2</b>					
					Right leg laceration from trip and fall over a planter.				9	0	0						
					Right ankle sprain from tripping over a guest's foot on platform.			Ø		0	16	Ø					
					Strain in right foot after performing dance routine			Ø		0	7	Ø					
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# OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses The project is the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in

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You m away f physic	from work, or medical tr ian or licensed health of	about every work eatment beyond are professional.	related injet first aid. Y You must	ou must also record significant was also record work-related injuries	consciousness, restricted work activity or job transfer, days riscretated injuries and illnesses that are diagnosed by a and illnesses that meet any of the specific recording criteria  Establishment  SeaWorld (SWF)					Form approved OMB no. 1218-017								
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	identify the person	ELECTION AND A	M495	Describe the	case	Class	ify the case		<i>ELENA</i>	WATE						X:S		
(A) Case No.	(B) Employee's Name	ployee's Name  Job Title (e.g., Date of Where the event occurred micro ployee's Name (e.g., Loading dock north affected, and object/substance that directly affected, and object/substance that directly		utcome for	of days	ne number the injured orker was:	Check	k the Ti	njury" or type of	dumn o	r choos	e one						
, ,			onset of liness (mo./day)	end)	injured or made person ill (e.g. Second		Day's away from work	Remain Job transfer	od at work Other record able cases (J)	Away From	On job transfer or restriction (days)		Styln Disorder	Respiratory	(F) Polsoning	9 Haaring Loss	(3) Al Other Einesses	
1	1	17		(0)	Laceration to heed and abrasions to right knee and elbow after fainting and falling to the ground.			Ø	0	0	11				0			
		\ /			Laceration to left 5th finger after scraping against the blade of a knife.					0	13	Ø						
			/	\ - /	Pain to lower back after slipping and falling on a fearny surface on the ground.			Ø		0	19	2						
					Pain to right middle back from overextending white performing on a parade float.			Ø		0	16	Ø					۵	
					Strain of right knee after twisting motion while pressure washing			Ø		С	1	Ø						
					Pain and swelling to left ring and pinky finger after contact with Bristle worm during aquarium cleaning.		0	Ø		0	2	Ø			0			
					Page totals	0	0	6	0	0	62	6	0	0	0	0	0	
minute needs to resp number collect	es per response, included, and complete and re pond to the collection of er, if you have any contion, contact: US Depa	ing time to review eview the collection finformation unknowns about the artment of Labor,	v the instruction of informations it displayed estimate OSHA Office	s estimated to average 1.4 ction, search and gather the data ration. Persons are not required by a currently veilid OMB control as or any aspects of this data are of Statistics, Room N-3644, to send the completed forms to		the S	Summary pa	ige (Form :	Page 6		ost it.	(1)	Skin Disorder	(c) Respiratory Condition	Bulansiad 4	(9) Hearing Loss	@ All other finesses	
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Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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You m	from work, or medical tr	about every work	-related inj	ou must also record significant w	consciousness, restricted work activity or job to ork-related injuries and linesses that are diagn and linesses that meet any of the specific reco	ransfer	, days		ent SeaWor			Form		ved OM d Park		218-01	76
listed report local (	in 29 CFR 1904.8 throu t (OSHA Form 301) or a OSHA office for help.	gh 1904.12. Foo	I free to us	e two lines for a single case if yo y or illness recorded on this form	u need to. You must complete an injury and illn , If you're not sure whether a case is recordable.	ess in le, call	cident	City		olatica seo	_ s	tate _	2000000	FL		Mark States	
(A) (B) (C) (D) (E) Case Employee's Name Job Title (e.g., Date of Where the event occurred Welder) injury or (e.g. Loading dock north				Where the event occurred	(F) Describe injury or illness, parts of body affected, and object/substance that directly	CHECK ONLY ONE box for each case based on the most serious outcome for			Enter the number of days the injured or ill worker was:		d Check the "inje		the "injury" colur type of illn			e one	
, mv.		made	onset of liness (mo./day)	end)	injured or made person III (e.g. Second degree burns on right forearm from acetylene tarch)	Death (G)		Remair Job transfe	Other recordable ceses	Away From Work (days)	On job transfer of restriction (days)		Skin Disorder	© Condition	& Poisoning	@ Hearing Loss	@ All Other linesses
		7	1	101	Right index finger contusion from crushing finger in-between sliding cooler door.			Ø		0	15	Ø	0				
					Sprain of right ankle after trip and fall incident			Ø		0	34	Ø					
			1		Contusion to nose from contact with guest's shoulder.		Ø			22	С	Ø		0			
					Head, neck, and lower back pain from slipping and failing on water in kitchen area,			Ø		0	14	Ø					
					Pain to left knee after tripping and felling down steps of IT office exit		0			0	53	Ø					
					Pain in right knee while standing at ride control panel			Ø	0	0	33	Ø		0			
					Page totals	0	1	5	0	22	149	6	0	0	0	0	0
minut needs to res	tes per response, included and complete and respond to the collection of	ing time to review wiew the collection f information unle	v the instru on of inform ess it displa	s estimated to average 14 ction, search and gather the data nation. Persons are not required as currently valid OMB control es or any aspects of this data	Be sure to transfer these totals to	the S	Summary pa	age (Form	300A) before	you po	ost it.	hijury	Skin Disorder	Respiratory	Poisoning	Hearing Loss	other Myrisses
collec	ction, contact: US Depa Constitution Ave, NW, W	rtment of Labor.	OSHA Offi	ce of Statistics, Room N-3644, not send the completed forms to					Page 7	of 15		(1)	(2)	(3)	(4)	(5)	(6)

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2022	W
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

# Log of Work-Related Injuries and Illnesses and health purposes.

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injury and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident Establishment SeaWorld (SWF) SeaWorld Parks report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your State City local OSHA office for help. Classify the case Identify the person CHECK ONLY ONE box for each case Enter the number (A) (D) (C) of days the injured Check the "injury" column or choose one or ill worker was: based on the most serious outcome for Describe injury or filness, parts of body Job Title (e.g. Date of Where the event occurred that case: Case Employee's Name (e.g. Loading dock north end) affected, and object/substance that directly No. Welder) injury or injured or made person ill (e.g. Second onset of degree burns on right forearm from illness On job Days away Away acetylene torch) Remained at work. (mouday From transfer or Work restriction Job transfer Other record-(days) (days) or restriction able cases Skin (G) (H) (1) (1) (K) (L) (1) (2) (3) (4) Pulled back muscle from throwing out ride 7 2 **3** П Bilateral shoulder pain with right arm pain V 0 20 from repetitive lifting of heavy objects in a new job role. Rash to both arms after contact with 0 0 unknown source Pain to stomach after lifting a bag of trash П behind Pretzel Kitchen Contusion from striking forehead on a metal. 0  $\Box$ Left wrist pain from trip and fall attempting to Ø back out a hand cart. 5 0 0 0 Page totals 0 95 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disorder Public reporting burden for this collection of information is estimated to average 14 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 Page 8 of 15 (2) (3)(4) (5) (6)

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2022	W
U.S. Dep	artment	of Labor

You mu away fr	om work, or medical tr	eatment beyond	first aid. Y	ou must also record significant w	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diegr	ransfer osed b	days		nt SeaWor	d (SWF	9 9			wed ON		218-01	76						
listed in report ( local O	29 CFR 1904.8 throu OSHA Form 301) or e SHA office for help.	gh 1904.12. Fee	If free to us	e two lines for a single case if yo y or liness recorded on this form	and linesses that meet any of the specific reo u need to. You must complete an injury and ill . If you're not sure whether a case is recordab	ess in	oident your	ity			_ s	tata _	tyroxeet.	FL	and the same		11 10 17 AND						
(A) (B) (C) (D) (E)  Case Employee's Name Job Title (e.g. Date of Where the event occurred (e.g. Loading dock north				Where the event occurred	(F) Describe injury or illness, parts of body		CHECK ONLY ONE box for each based on the most serious outco that case:		CHECK ONLY ONE box for each case based on the most serious outcome for that case:			based on the most serious outcome for that case:		CHECK ONLY ONE box for each case based on the most serious outcome for that case:		of days or ill wo	e number the injured rker was:	Check		jury" co type of		r choos	e one
			onset of illness (mo./day)	end)	injured or made person ill (e.g. Second degree burns on right forearm from acotylene torch)	Death (G)	Days away from work	Remain	ed at work Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	(M) Amful (1)	(S Skin Disorder	Respiratory	Polsoning	9 Hearing Loss	@ All Other linesses						
1	1	17		(0)	Right wrist pain after scooping ice cream.			2	0	0	37	<b>2</b>											
( l		( /			Sprain left ankle from slipping and falling on peroxide that had been sprayed on the bathroom floor.			Ø		0	10					0							
					Right grain pain from lifting a stack of dishes.		2	0		10	29	2											
					Right elbow contusion and head contusion from slip and fall while walking through rain.		Ø			2	0	Ø				0							
					Back pain from pushing a merchandise cart down Orca Stadium exit ramp.			Ø		0	75	<b>2</b>											
					Back pain from using a weighted pole to essist in moving dolphins.			Ø		0	75	0											
					Page totals	0	2	4	0	12	226	6	0	0	0	Q	0						
minute needed to resp numbe	s per response, includ i, and complete and re and to the collection o r. If you have any con	ing time to review view the collection unto information unto innents about the	v the instru- on of inform eas it displa- ese estimate	s estimated to average 14 ction, search and gather the data ation, Persons are not required type a currently valid OMB control as or any aspects of this data		the S	ummary pa	age (Form 3	800A) before	you po	est it.	Injury	Skin Disorder	Respiratory Condition	Peisoring	Hearing Loss	Il other illnesses						
collect	on, contact: US Depa enstitution Ave. NW, W	rtment of Labor,	OSHA Offic	ce of Statistics, Room N-3644, not send the completed forms to					Page 9	of 15		(1)	(2)	(3)	(4)	(5)	(6)						

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the conditiontality of employees to the extent possible while the Information is being used for occupational safety and health purposes.

Year	2022	W
S. Dep	artment	of Labor

You mu	om work or medical tri	bout every work	related injury	ury or illness that involves loss of ou must also record significant w	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagn and illnesses that meet any of the specific reco	ransfer osed b	days		ent SeaWor			Form	110412000	ved CM o Park		1218-0	176			
listed in report ( local Of	29 CFR 1904 8 throug	nh 1904 12 Fee	I free to us	e two lines for a single case if yo	u need to. You must complete an injury and illr If you're not sure whether a case is recordable.	ess in e, call	cident	City		Nessons.	_ s	tate _		FL						
(A) Case	(A) (B) (C) (D) (E) (F)  Case Employee's Name No. Under the event occurred Welder) injury or (e.g. Loading dock north affected, and object/substance that d				(F) CHI bas that CHI bas that		CHECK ONLY ONE box for each case based on the most serious outcome for that case:			CHECK ONLY ONE box for each case based on the most serious outcome for		INLY ONE box for each case the most serious outcome for		e number the injured rker was:	Check		jury" co			se one
			onset of illness (mo./day)	end)	injured or made person ill (e.g. Second degree burns on right forearm from	Death (G)	Days away from work (H)	Remair Job transfe	od at work Other record able cases (J)	Away From Work (days)	On job transfer or restriction (days)	(N) Aunitary (E)	Skin Disorder	Respiratory	A Poisoning	© Hearing Loss	(a) All Other Illnesses			
1		17		101	Right forearm burn from hot dog steamer.	0		Ø	0	0	14	Ø								
L	וננ				Lower back strain from bending over to pick up keg.		О	Ø		0	15	2								
•					Lower back pain from pulling a loaded pallet jack.					2	0	Z								
					Strain to back while moving pallets on a truck		0	Ø		0	24									
					Left shoulder and back pain from jumping rope during rehearsals.					0	0	Ø								
					Pain to right wrist after pushing a trash cert up a hill			Ø		0	7	Ø								
					Page totals	0	1	4	1	2	60	6	0	0	0	0	0			
minute needed to resp numbe collecti	s per response, including and complete and re to the collection of re, if you have any com ion, contact: US Depai onstitution Ave, NW, W	ing time to review view the collection finformation unleading ments about the riment of Labor.	w the instru on of inform ass it displa ase estimat OSHA Offi	s estimated to average 14 ction, search and gather the data nation. Persons are not required ys a currently valid OMB control se or any aspects of this data be of Statistics, Room N-3644, not send the completed forms to	Be sure to transfer these totals to	the S	Summary pa	age (Form	300A) before		st it.	(c)	Skin Disorder	Respiratory Condition	(4) Poisoning	(y) Hearing Loss	@ All other Illnesses			

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2022	W
J.S. Dep	artment	of Labor

You may physic	nust record information a from work, or medical tr cian or licensed health o	about every work eatment beyond are professional.	related injution of the first aid. You must	ury or illness that involves loss of our must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagn and illnesses that meet any of the specific reco	ransfer osed b ording	r, days y a criteria E		nt SeaWor		) )			oved ON Id Park		218-01	76
report local (	(OSHA Form 301) or e OSHA office for help.			y or illness recorded on this form	u need to. You must complete an injury and illn If you're not sure whether a case is recordable.	e, call	your (	City			_ s	tate		FL	0.00.00		
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(E) Where the event occurred (e.g. Loading dock north	event occurred Describe injury or illness, parts of body that case:				d Check the "injury" colu type of itin			ilness:	1055:				
110		onset of illness (mo.Jday)		injured or made person III (e.g. Second degree burns on right forearm from accitylone forch)	Death (G)	Days away from work	Neman	ed at work Other record able cases (J)	Away From	On job transfer or restriction (days)	(M)	Skin Disorder	Respiratory Condition	Polsoning	G Hearing Loss	@ All Other tinesses	
	1	17		101	Purpotures to right thumb from being bitten by an alligator.			Ø		0	8	2			0	0	
VI.	"	( /	1	$( \cup )$	Pain to left arm, neck and shoulder after falling off the back of a truck when stepping back.			Ø		0	35	Ø					
	•				Strain to back after pulling on mixing bowl when moving it.		0	Ø		0	11	Ø					
					Right hand sprain from carrying and lifting boxes.					0	24	Ø					
					Left knee pain from turning to place a box on patiet.			Ø		0	19	Ø					П
					Rolled right ankle from stepping off bottom of ramp.		0	<b>2</b>		0	14	Ø					0
					Page totals	0	0	6	0	0	111	6	0	0	0	0	0
Public reporting ourden for this collection of information is estimated to average 14 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,				Be sure to transfer these totals to	the S	Summary pa	age (Form S	Page 11 o		ost it.	(D)	Skin Disorder	Respiratory Condition	Poisoning	(c) Hearing Loss	3 All other illnesses	
this o		ashington, DC 2	0210. Do r	not send the completed forms to					rage 11 (	ui 10		(1)	(2)	(0)	(9)	(0)	(0)

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety

Year	2022	
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks by side of the second s City State local OSHA office for help. Describe the case Classify the case Identify the person CHECK ONLY ONE box for each case Enter the number (A) (D) Check the "injury" column or choose one based on the most serious outcome for of days the injured Job Title (e.g., Describe injury or illness, parts of body affected, and object/substance that directly type of Ilness: Where the event occurred or ill worker was: Case Date of that case: Employee's Name (e.g. Loading dock north No. Welder) injury or injured or made person ill (e.g. Second onset of degree burns on right forearm from diness Days away from work Away On job From transfer or acetylene torch) Death Remained at work (mo./day) Work restriction Job transfer Other record-(days) (days) or restriction able cases 7 (5) (G) (H) (1) (4) (K) (L) (1) (2) (3) Pain to neck, shoulder, and back from Ø 0 performing a new routine during rehearsal. Strain in left elbow after pushing down lap 0 restraints on roller coaster Laceration to left middle finger from scissor 3 0 13 M Neck and back pain, and facial, knee, and 0 3 elbow abrasions from falling while walking back area pathway. Right knee swelling from blow packing an П 1 area larger than normally assigned, Lower back strain from picking up a case of 7 0 0 0 0 123 6 0 0 Page totals Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Disorder Public reporting burden for this collection of Information is estimated to average 14 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 espects 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 Page 12 of 15 (3) (5)

# Log of Work-Related Injuries and Illnesses and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2022	N
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

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Page 13 of 15

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a Establishment SeaWorld (SWF) SeaWorld Parks physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your State FL. City local OSHA office for help. Classify the case Identify the person Describe the case CHECK ONLY ONE box for each case (A) (C) (D) of days the injured. Check the "injury" column or choose one based on the most serious outcome for Job Title (e.g. or ill worker was: type of illness: Date of Where the event occurred Describe injury or illness, parts of body that case: Case Employee's Name affected, and object/substance that directly Welder) injury or (e.g. Loading dock north injured or made person ill (e.g. Second onset of end) illness degree burns on right forearm from Death Days away On job Away (mo./day) acetylene torch) Remained at work From transfer or Work restriction Job transfer Other record-Skin Disc (days) (days) or restriction lable cases (G) (H) (l) (J) (K) (L) (2) (3) (4) Pain in left buttock and illness from spider 8 0 Right arm pain from being struck by ride 0 2 gate that guest closed. Back strain from lifting a 50 pound box and 0 16 twisted to place in another location. Strain to right wrist from cutting partially **V** 0 thawed salmon. Puncture to right palm from striking the Ø 0 blade while grabbing a pair of clippers. Burning sensation to legs after diving in the Z 2 0 0 100 6 0 0 0 0 0 Page totals

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 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.

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# Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2022	W
U.S. Dep	artment	of Labor

Occupational Safety and Health Administration

# Log of Work-Related Injuries and Illnesses and health purposes.

Form approved OMB no. 1218-0176 You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licenseed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 20 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your Establishment SeaWorld (SWF) SeaWorld Parks State local OSHA office for help. Identify the person Describe the case Classify the case CHECK ONLY ONE box for each case Enter the number (A) (D) of days the injured Check the "injury" column or choose one or if worker was: based on the most serious outcome for Job Title (e.g., Describe injury or illness, parts of body Employee's Name Date of Case Where the event occurred that case: affected, and object/substance that directly (Welder) injury or (e.g. Loading dock north injured or made person ill (e.g. Second onset of end) degree burns on right forearm from iliness Away On job transfer or Days away acetylene toron) (mo./day) Death Remained at work Work restriction Diso Job transfer Other record-(days) (days) or restriction able cases Skin (G) (H) (1) (J) (K) (4) (1) (2) (3) (4) Lower back strain from lifting a cart of cables | 7 and lights. Right thumb contusion from getting caught in Ø 0 Swelling to right pointer finger after pulling Z 0 Strain to right ankle after unexpected **2** 0 movement while walking down ramp. Headache and anxiety attack from striking 0 against ride panel. Right thumb strain from unexpected 2 П 0 0 0 0 movement while taking out trash. 6 Page totals 0 43 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Public reporting burden for this collection of information is estimated to average 14 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 Page 14 of 15 (2) (3)

Attention: This form contains information OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Adenated Injuriation to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year	2022	
J.S. Dep	artment	of Labor

You m away t physic	nust record information from work, or medical to tion or licensed health o	about every work reatment beyond are professional.	related inj first sid. Y You must	ury or illness that involves loss of ou must also record significant w also record work-related injuries	consciousness, restricted work activity or job to ork-related injuries and illnesses that are diagrand illnesses that meet any of the specific rec	ransfer osed b ording	, days y s criteria E		ent SeaWorl			Form		oved OM Id Park		218-01	76
report local C	in 29 CFR 1904.8 throu	gh 1904.12. Fee	of free to us	e two lines for a single case if yo	u need to. You must complete an injury and illi If you're not sure whether a case is recordab	e, call	cident vour	ity			_ s	tate _		FL			
(A) Cese No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(E) Where the event occurred (e.g. Loading dock north	(F) Describe injury or illness, parts of body affected, and object/substance that directly	base that		st serious o	stcome for	of days or ill wo	e number the injured rker was:	two control	Check the "injury" column type of illness				e one
			onset of liness (mo./day)	end)	injured or made person III (e.g. Second degree burns on right forearm from acetylone tarch)	Death (G)	Days away from work	Remain Job transfer	ed at work Other record- able cases (J)	Away From Work (days)	On job transfer or restriction (days)	(E) Winty (S)	Skin Disorder	Respiratory Condition	& Poisoning	(i) Hearing Loss	@ All Other linesses
11		15		101	Pain and swelling to right side after being struck by gelf cart after falling out			Ø		0	23	Ø					
		( /			Cut to right index finger after grabbing the edge of a large bowl.			Ø		0	7	☑					0
1					Sprain to reft andle after tripping over unknown object			Ø		0	7	Ø		0			
					Right thigh contusion from falling tray cart.		0	2		0	7	2		D			
					Left wrist pain and deformity from contact with animal.		Ø			10	0	Ø					
					Deformity and swelling to nose from contact with another ambassador's elbow.			Ø		0	14	V		0			
					Page totals	0	1	5	В	10	58	6	0	0	0	0	0
Public reporting burden for this collection of information is estimated to average 14 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				Be sure to transfer these totals to	the S	ummary pa	ge (Form :	300A) before	you po	st it.	Injury	Skin Disarder	Respiratory	Polsoning	Hearing Loss	other illnesses	
collec	tion, contact: US Depa constitution Ave, NW, W	riment of Labor,	OSHA Office	ce of Statistics, Room N-3644, not send the completed forms to					Page 15 c	f 15		(1)	(2)	(3)	(4)	(5)	(6)

Remedying this condition was straightforward. With the whale at the edge of the pool with its mouth open the blockage was easily removed. Rapid remission of the physical health problems were apparent by establishing drainage via the gingival sulcus, and by cleaning the orifice in the worn crown of the tooth with a large-scale toothbrush, creating free passage for the exudate. The process took only a few minutes to do a thorough job, required little or no staff training, and was completely effective. No further medical attention was pursued. Antibiotics were not administered. If dental problems occur in captive odontocetes and the animals are trained to allow access by trained handlers, treatment can be guite simple. With the knowledge of what killer whales can do to their teeth when in captivity, the challenge becomes one of effective habitat design as a preventive measure. The challenge becomes even greater if the habitat is to resemble a natural, or wild condition, with irregular shapes and textures on the bottom. Killer whales that have been kept in net pens for several years, in the absence of hard abrasive objects to bite, will have an entire complement of pointed teeth: an ideal situation for dental health. However, such facilities have no underwater viewing of the animals. Net pens are not acceptable to existing or newly planned aguariums because of the difficulty in underwater viewing. Another disadvantage of net enclosures is the danger of entanglement. Although this possibility is remote, it is something that would have to be considered carefully.

All killer whales have teeth on both their top and bottom jaws—48 to 52 teeth in total. These teeth can be up to 4 inches long. Although toothed whales have teeth, they don't chew their food—they use their teeth for capturing and tearing food. Young killers whales get their first teeth at 2 to 4 months of age.

# United States of America



Department of Labor Occupational Safety and Health Administration

(\*\*\*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.\*\*\*) I understand that this statement will be held in confidence until such time as I may be called to testify in a trial or court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statute(s) and agency policy. \_\_\_\_\_ Initial (\*\*\*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.\*\*\*)

11(c)(1) of OSH Act: No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act.



# (b) (7)(D)

## United States of America



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# (b) (7)(D)

 A written procedure on how Trainers are to clean debris from the whales mouth. (basically the steps, call whale to pool shelf, give the "mouth open command", etc,)

Cleaning debris from the whale's mouth is conducted by trainers as follows:

- Bring the whale into a medical pool or a pool adjacent to a medical pool
- Ask the whale to "chin up" or slide out on the ledge of the pool edge
- Ask the whale to open its mouth by giving the signal for mouth open behavior
- Based on conditions that exist including, but not limited to, trainer safety, environmental factors, and animal welfare, use one of three methods to flush debris from the whale's mouth: tooth flush kit; use of a ¾" water hose to wash out the mouth; or use of squirt (trained) behavior
- Once complete, bridge (blow whistle) for the mouth open behavior to end. Reinforce as appropriate
- 2. Copies electronically or written of training materials or protocol on how to properly conduct husbandry? The written whale husbandry procedure for cleaning debris from a whale's mouth is as follows: during mouth husbandry, a trainers' hands must remain outside of the whales' mouths unless supervisor approved. In addition, only trained personnel may perform this task. The written procedures are trained and reinforced regularly and are acknowledged annually. Due to the confidential and proprietary nature of the written whale husbandry procedures and all standard operating procedures involving interactions with whales, a copy may be reviewed during regular business hours at the park.
- 3. Copies, electronic or written procedures for the "what if" regarding what steps Trainers or employees are to take in the event of an incident with a whale.
  Company policies and procedures provide that a variety of responses may be applied by a trainer based on the circumstances and behaviors presented, up to an including the emergency response plan (ERP). The ERP SOP generally describes its scope and purpose, duties and responsibilities of responders including communications, procedures for responders, alarms and emergency equipment deployment and locations, and responder annual training and quarterly drills. Due to the confidential and proprietary nature of the written whale ERP procedures and all standard operating procedures involving interactions with whales, a copy may be reviewed during regular business hours at the park.
- 4. Full name, identification and correct spelling of the whale in question, Malia? Age, mass, length

Name: Malia, NOAA #NOA0006378

Age: 15 yrs, 3 mo

Mass: 5511 lbs (approximate) Length: 556 cm (approximate)

- 5. And she is an Orcinus Orca correct? Yes
- 6. Do you (seaworld, Experts,) consider the three orca together as "a pod"? or just three whales were in the pool? Three whales were in a pool. A "pod" is a social group structure.

full contact information, name, address, cell number, age (DOB if Possible)



\*SeaWorld considers the information in Response #7 to be confidential, personal information.

8. Full Contact information for a o we may arrange a re-visit to interview without disrupting Seaworld Schedules



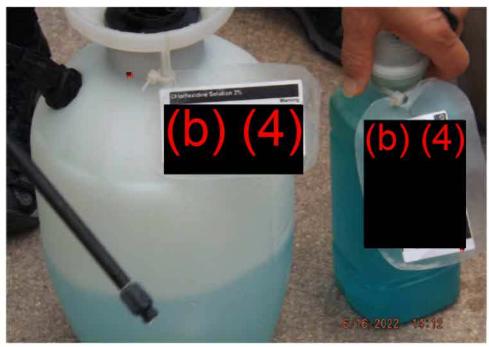
\*SeaWorld considers the information in Response #8 to be confidential, personal information.

9. OSHA 300 and 300A logs for calendar years 2020, 2021, currently for this year, 2022.

Attached are OSHA 300 and 300A logs for calendar years 2020, 2021, and partial calendar year 2022 (SEA 0001 - 0069).









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