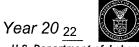
OSHA's Form 300A (Rev. 04/2004)

Number of Cases

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.



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

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related 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 Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

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	0	0	0
(G)	(H)	(1)	(J)
Number of Days	9049 9044 14 1		
Total number of days away from work		otal number of days of ob transfer or restriction	
0		0	
(K)		(L)	
Injury and Ilines	s Types		·
Total number of (M)			
(1) Injuries	0	(4) Poisonings	0 /
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditi	ons O	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your establishment name	AM PM HOME HEALTH LLC		
Street 820 RANC	HO LANE SI	JITE 2	5
City LAS VEGAS	State	NV	Zip_89102
Industry description (e.	g., Manufacture of	motor tru	ck trailers)
HOME HEALTH	1		
North American Industr	rial Classification (NAICS), i	if known (e.g., 336212
Employment inform Worksheet on the next p		have thes	e figures, see the
Annual average number	r of employees	3	
Total hours worked by	all employees last y	year <u>1</u> 4	10.00
Sign here			
Knowingly falsifying	g this document	may res	ult in a fine.
I certify that I have en my knowledge the en white the company executive	offices are true, acc	curate, and	d complete.
Phone 702 822	2.2655	Date /	201 00