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

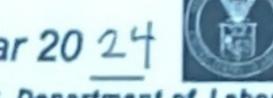
Summary of Work-Related Injuries and Illnesses

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

tablishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year.	
Imber to review the Log to verify that the entries are complete and accurate before completing this summary. Ing the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from page of the Log. If you had no cases, write "0." Inployees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's record/seeping rule, for further details on the access provisions for forms.	Establishment Information Activate Home Health Care 42
mber of Cases	Street 26 26 S. Rain bow blod Svite 102
number of Total number of cases with days away from work (H) Total number of cases with job transfer or restriction (I) (I) (I) (J)	Industry description (e.g., Manufacture of motor truck trailers) HOME HEALTH CAKE North American Industrial Classification (NAICS), if known (e.g., 336212) [21600]
umber of Days	Employment Information (If you don't have these figures, see the
number of days from work O	Morksheet on the next page to estimate.) Annual average number of employees Total hours worked by all employees last year 2,080
jury and Illness Types	Knowingly faisifying this document mity-result in a fine.
otal number of (M) juries (4) Poisonings cin disorders (5) Hearing loss espiratory conditions (6) All other illnesses	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete. MANIA ROVERS DE (NUMER Administrator Title Phone 702 845 7292 Date 1/31/25
this Summary page from February 1 to April 30 of the year following the year covered by the form.	

lic 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 moded, and plete 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 meets about these estimates or any other aspects of this data collection, contact: US Department of Labor, OBHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, hington, DC 20210. Do not send the completed forms to this office.