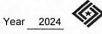
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses



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

Form approved OMB 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

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 Record

Number of Cases		and the Artist Court of the Cou	
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
(G)	(H)	(1)	(1)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0	_	0	
(K)		(L)	
Injury and Illness	Types		
Total number of (M)			
(1) Injury	2	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(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 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 Other Control number. If you have noy 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.

Your	establishme	ent name	Adv	vanced	Health	Care of Paradise	е					
Stree	3455 Per	cos Mcleo	d Inte	rconne	ct							
City	Las Vega	as				State		Nevadda		Zip	89121	
Indus	try descript Healthca		Manuf	facture	of mote	or truck trailers)						
Stand	dard Industr	ial Classif	icatio	n (SIC),	if know	wn (e.g., SIC 371	5)					
OR North						S), if known (e.g.	., 33621	2)				
	6	2	3	_1 _	1	0						
Annu	al average	number of	empl	loyees		97						
	al average hours work			1750	st -	97 115,861						
Total year	hours work			1750	st -	17						
Total year Sign her	hours work	ed by all e	emplo	yees la	7	17						
Total year Sign her	hours work	ed by all e	emplo	yees la	7	115,861						
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